

TWO RIVERS AMATEUR RADIO CLUB of McKEESPORT, PA

MEMBERSHIP APPLICATION

*Please fill in the required fields for membership

*NAME: _____ *CALL SIGN: _____

*ADDRESS: _____

*CITY: _____ *STATE: _____ *ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

*LICENSE CLASS: _____ LICENSE EXPIRES: _____ BIRTHDAY: _____

*I am applying for membership type: REGULAR ASSOCIATE STUDENT

*I am a member of: ARRL ARES ARRL MEMBERSHIP EXPIRES: _____

*WILL YOU PARTICIPATE IN CLUB ACTIVITIES? YES NO (Check One)

List Your Interests in Amateur Radio: _____

ADDITIONAL FAMILY MEMBERS WHO ARE OR WANT TO BE MEMBERS OF TRARC:

NAME:	CALL:	LICENSE CLASS:
1. _____	_____	ARRL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
2. _____	_____	ARRL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant agrees to conduct themselves in accordance with the TRARC Constitution when participating in any TRARC function, meeting or sanctioned activity.

(Signature) (Date)

DISCLAIMER - The Officers and Members of TRARC will NOT assume parental responsibilities for any minor member at any time. Therefore, all minors must be accompanied by their parent or guardian while observing, attending or participating in any TRARC function, meeting or sanctioned activity.

(Signature of Parent or Guardian if Applicant is under 18) (Date)

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FOR ADMINISTRATIVE USE: Membership: ___Approved ___Disapproved
 Membership Granted: ___REGULAR ___ASSOCIATE ___STUDENT ___FAMILY ___LIFE

PRESIDENT: _____ SECRETARY: _____

Dues Collected in the Amount of: _____ TREASURER: _____