

# Mercer County Amateur Radio Club

## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Call Sign \_\_\_\_\_ Exp \_\_\_\_\_

License Held      Novice      Technician      Tech +      General  
                 Advance      Extra      Other \_\_\_\_\_

Interests    VHF      HF      Contesting      Satellite  
                 Digital      SkyWarn      ARES      ACS / RACES  
                 VE Expiration \_\_\_\_\_      ARRL Member

Membership Levels/Donations	
_____	Full Membership \$30
_____	Family Membership \$40
_____	Student Membership \$10
_____	General Fund Donation
_____	Tower Donation
	Cash      Check
_____	Total
_____	Date - _____

For Club Use Only		
Check # _____	Date Received _____	Received By _____
Review Date _____	Reviewed by _____	
Approving Members _____	_____	_____

Please make all checks payable to MERCER COUNTY AMATEUR RADIO CLUB  
Email, Mail to PO BOX 996 SHARON, PA 16146, or bring to meeting