

# 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 Memeber

Membership Levels/Donations	
_____	Full Membership \$20.00
_____	Family Membership \$30.00
_____	Student Membership \$10.00
_____	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 at Linden Point BC3 room 121 @1900 the 4<sup>th</sup>  
Tuesday of every month.