

The Lancaster & Fairfield County Amateur Radio Club Membership Application

Name _____ Callsign _____ License Class _____
Last First M.I.

Street Address _____
City State Zip +4

Mailing Address _____
City State Zip +4

Home Phone _____

Alternate Phone _____

E-Mail Address _____

May we distribute your telephone number within the club roster, newsletter or other Club related literature when required? YES NO

Phone # Instructions _____

Date of Birth _____
mm/dd/yyyy

Spouses Name _____



Are you an ARRL Member?
 Yes, my membership expires on _____
mm/dd/yyyy
 No I would like information please.

Please list other licensed Amateurs in your immediate household by Name & Callsign.

How long have you been a Ham Operator? _____
mm/dd/yyyy

Do you plan on attending monthly Club Meetings? **Y / N**
 Do you plan on attending weekly Radio Night's? **Y / N**
 Do you plan on attending Club Activities? **Y / N**
 Are you able to assist with the Monday Night Net? **Y / N**

I am interested in the following topics:
 CW HF Sideband Slow Scan
 ATV VHF/UHF Earth Moon Earth
 RTTY Satellites DX Contesting
 Packet Computers Building - Radio's, Ant.'s

List at least three people that you know, Name & Callsign, in The Lancaster & Fairfield County Amateur Radio Club.

I herewith make application for membership in The Lancaster & Fairfield County Amateur Radio Club. I agree to abide to the Constitution and Bylaws, which will be provide to me if I am accepted as a member.

Signature _____ Date _____

Annual Dues: under 18 yrs \$15.00, 65 and over \$12.00, Associate \$15.00, Regular \$25.00 and a one time initiation fee of \$2.00. Additional licensed family memers may apply for membership at no additional charge, when one licensed adult, regular member, is on file with the LFCARC.

Please mail your application with the appropriate fee (check or money order) to: **LFCARC, PO BOX 3, LANCASTER, OH 43130-0003.**

If application is being presented during a regular club meeting, a cash payment will be accepted for annual dues.

Applications will not be processed if incomplete. Applications may not be reviewed/approved until the second or subsequent regular club meeting.

Date Received: _____ Date Approved: _____ Type: _____ Fees Paid: _____