

ManCoRad Amateur Radio Club Membership Application

From: _____ To: _____
(Month-Year) (Month-Year)

Type of Application: _____	Type of Membership:
New Member * _____	Individual (\$20/yr) _____
Renewal _____	Family (\$30/yr) _____
Exemption ** _____	Student (\$10/yr) _____
	Senior (65+) (\$10/yr) _____

Name: _____ Date of Birth: _____

Call: _____ License Class: N T T+ G A E ARRL member: Yes ___ No ___

Address: _____ City: _____ State: ___ Zip: _____

Phone: (____) _____ Alt. Phone: (____) _____

E-Mail Address: _____

Additional Family Members:

Name: _____ Date of Birth: _____

Call: _____ License Class: N T T+ G A E ARRL Member: Yes ___ No ___

Name: _____ Date of Birth: _____

Call: _____ License Class: N T T+ G A E ARRL Member: Yes ___ No ___

I hereby apply for membership in the ManCoRad Amateur Radio Club, Inc. and agree to abide by the constitution and by-laws of the club and any rules or conditions, which may, from time to time, are set forth in accordance with the constitution and by-laws.

Signed _____ Date _____
(Applicant)

CLUB USE ONLY

President _____ Date _____

Treasurer _____ Date _____

Approved/Disapproved (Circle) By membership Vote Date _____

Date received: _____ Amount received: _____ Roster Updated: _____

E-Mail List checked/Updated: _____

* Dues are prorated to the month in which you join the club. ** To be determined by the Board
Bring completed application to a ManCoRad meeting or mail with your dues payment by Dec.31 to:

ManCoRad Amateur Radio Club, PO Box 204, Manitowoc, WI. 54221-0204