

APPLICATION FOR MEMBERSHIP IN TUSCO AMATEUR RADIO CLUB, INC.

POSSESSING A GENUINE INTEREST IN THE FIELD OF COMMUNICATIONS, I HEREBY SUBMIT THIS APPLICATION FOR MEMBERSHIP IN **TUSCO AMATEUR RADIO CLUB, INC.**, OF TUSCARAWAS COUNTY, OHIO.

IF MY APPLICATION IS ACCEPTED BY THE MEMBERSHIP, I PROMISE TO ABIDE BY THE GUIDELINES SET FORTH IN THE CONSTITUTION AND BY-LAWS OF THIS ORGANIZATION.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

NAME _____ CALL _____ LICENSE CLASS _____

ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP+4 _____

TELEPHONE (_____) _____ EMAIL ADDRESS _____

OPERATOR'S LICENSE EXP. DATE _____ DATE OF BIRTH _____

ARRL MEMBER? YES _____ NO _____

TYPE OF MEMBERSHIP (CHECK ONE): [Dues (100%) are \$25.00 per year as of January 1, 2016]

- FULL INDIVIDUAL (100%) FULL FAMILY (50%)
 SUSTAINING INDIVIDUAL (50%) SUSTAINING FAMILY (25%)

NOTE: ONLY FULL INDIVIDUAL AND FULL FAMILY MEMBERS MAY VOTE AND HOLD AN OFFICE.

DO YOU POSSESS ANY OTHER RADIO LICENSES? YES _____ NO _____ (IF YES, PLEASE LIST BELOW)

DO YOU HAVE ANY OTHER INTEREST OF HOBBIES? IF SO, PLEASE LIST: _____

DO YOU BELONG TO ANY OTHER RADIO ORGANIZATION(S)? IF SO, PLEASE LIST: _____

PLEASE SIGN AND DATE IN THE SPACE BELOW—THIS FORM IS VOID WITHOUT BOTH SIGNATURES

(SIGNATURE OF APPLICANT) DATE: _____

(SIGNATURE OF SPONSORING MEMBER IN GOOD STATNDING) DATE: _____

(THIS SECTION OF CLUB USE ONLY)

ACTION OF THIS MEMBERSHIP APPLICATION WAS TAKEN ON: DATE _____
THIS APPLICATION FOR MEMBERSHIP HAS BEEN: APPROVED _____ DISAPPROVED _____

DISPOSITION OF THIS APPLICATION FORM HAS BEEN DULY RECORDED IN THE OFFICIAL MINUTES OF THE **TUSCO AMATEUR RADIO CLUB, INC.**, OF TUSCARAWAS COUNTY, OHIO, BY:

_____ ON _____
(NAME AND CALL OF OFFICER OR MEMBER IN GOOD STANDING) (MONTH) (DAY) (YEAR)