

# SUSSEX COUNTY AMATEUR RADIO CLUB, INC.

## Membership Application/Renewal Form

Date of Application: \_\_\_\_\_

Please answer all questions and/or update your data on this form and return it to the attention of Club Secretary, P.O Box 312, Augusta,NJ 07822

### TYPE OF MEMBERSHIP REQUESTED: (please circle one)

**FULL:** A Full Membership entitles you to voting privileges, to hold office, to receive the newsletter and other privileges extended to the membership. Dues are \$30.00 per year or \$15.00 per year if a member works at the SCARC Hamfest the previous year.

**FAMILY:** A Family Membership is only for immediate family members of a Full Member who resides under the same roof. The individual has the same privileges as a Full Member but does not receive the newsletter. Dues are \$5.00 per year.

**ASSOCIATE:** An Associate Member has no voting privileges, cannot hold office, but receives the newsletter. Dues are \$20.00 per year.

NAME: \_\_\_\_\_ CALL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Are you? (Please circle correct response)

An ARRL Member                      Yes                      No

A RACES/ARES Member              Yes                      No

A Current VE                          Yes                      No      VEC \_\_\_\_\_

License Class: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Year Obtained First License: \_\_\_\_\_

If elected to membership, I agree to abide by the Constitution and by-laws of the SUSSEX COUNTY AMATEUR RADIO CLUB.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_