

# Charlotte Amateur Radio Club



## Application for Membership

Membership Renewal	<input type="checkbox"/>	New Membership	<input type="checkbox"/>
Individual - \$30.00 a year	<input type="checkbox"/>	Family - \$35.00 a year	<input type="checkbox"/>

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Callsign: \_\_\_\_\_ Class: \_\_\_\_\_ Exp Date: \_\_\_\_\_ ARRL Member? Y / N

Home Station HF Y / N 2m Y / N 70cm Y / N Emergency Power Y / N

Mobile Station HF Y / N 2m Y / N 70cm Y / N

Email Address: \_\_\_\_\_

**May the Club share your contact information with other members? YES / NO**

If Family membership, please list others at this address separately.

Name: \_\_\_\_\_ Callsign: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Callsign: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Callsign: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby submit this application and dues in consideration for membership in the Charlotte Amateur Radio Club. I agree to abide by the Bylaws of the Club and the Facilities Use Agreement of the meeting place.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to Charlotte Amateur Radio Club, Inc. and mail to:  
**Charlotte Amateur Radio Club, W4CQ, c/o Ed Prentice, K4EGP**  
**PO Box 78194, Charlotte, NC 28271-7027**

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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## Application for Membership



Membership Renewal <input type="checkbox"/>	New Membership <input type="checkbox"/>
Individual \$30 per year <input type="checkbox"/>	Family \$35 per year <input type="checkbox"/>

*Please print clearly:*

Name:			
Street Address:			
City:		State:	Zip Code:
Home Telephone:		Cell Phone:	
Email Address:			
CallSign:	Class:	Exp. Date:	ARRL Member? Y / N
Home Station: HF Y / N	2m: Y / N	70m: Y / N	Emergency Power Y / N
Mobile Station: HF Y / N	2m: Y / N	70m: Y / N	
Echolink: Y / N	D-Star: Y / N	DMR: Y / N	WIRES-X Y / N

**May the Club share your contact information with other CARC members? YES NO**

*If Family Membership: Please list each member of your household at your address above.*

Name: \_\_\_\_\_ CallSign: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ CallSign: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ CallSign: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby submit this application and dues in consideration for membership in Charlotte Amateur Radio Club. I agree to abide by the Bylaws of the Club and the Facilities Use Agreement of the meeting place.

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 Charlotte Amateur Radio Club W4CQ c/o Treasurer  
 P.O. Box 78194, Charlotte, NC 28271-7027

Amount Paid:	Check #:	Received by:	Date:
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