

Club Membership Application



THE MILWAUKEE REPEATER CLUB, INC.
P.O. BOX 2123
MILWAUKEE, WI 53201

Type of Application ____ New Member ____ Renewal

Type of Membership ____ Individual ____ Family

(If Family: Please list the names, calls and other pertinent information on any family members living at the same address who are Hams and desire to become MRC members. The \$20.00 dues payment covers an entire family for MRC membership.)

NAME _____ CALL SIGN _____

NAME YOU USE ON THE AIR _____

CLASS OF LICENSE _____ EXPIRATION DATE _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (home) _____ (work optional) _____

BIRTH DATE (optional) _____

e-mail address (For Newsletter Notification) _____

Please indicate if you would you like the Club Newsletter delivered by ____ e-mail (free of charge) or ____ U.S. Mail (additional \$5 per year)?

Are you currently an ARRL member? YES ____ NO ____

DUES:

NEW MEMBERS - January thru December \$20.00 \$ _____

NEW MEMBERS - After July 1 \$10.00 \$ _____

ANNUAL RENEWAL - \$20.00 \$ _____

NEWSLETTER POSTAGE ASSESSMENT - \$5.00 \$ _____

MRC COFFEE MUG # OF CUPS _____ x \$5.00 = \$ _____

MRC NAMETAG w/MRC LOGO # OF NAMETAGS _____ x \$7.50 = \$ _____

DONATION TO MRC CAPITAL IMPROVEMENT FUND (tax deductible) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Send check payable to 'Milwaukee Repeater Club' at the address above.

I hereby agree to abide by the Constitution, by-laws and rules of the Milwaukee Repeater Club.

(Signed) _____ Date _____

Your membership will be voted on at the next membership meeting once the application is received.

THANK YOU FOR SUPPORTING THE MILWAUKEE REPEATER CLUB!