

# 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 \$7.75 = \$ \_\_\_\_\_

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!**