



Membership Application

Call: _____ **License Class:** _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **D.O.B.** _____

Cell Phone: _____ **Work Phone:** _____

E-mail Address: _____

ARRL Member? **Yes** **No**

Additional Family Member Names & Calls: _____

1 Year @ \$15.00 = \$ 15.00

_____ **Additional Years @ \$10.00/yr = \$ _____**

_____ **Family Members @ \$3.00/yr x _____ Years = \$ _____**

Total Amount Due = \$ _____

Dues are \$15.00 per calendar year. Additional years are \$10.00 / year with 1st full year dues payment. After June 30 dues are at 1/2 the regular rate. Dues paid in November and December include the next year. Additional family members at the same address are eligible for membership for an additional \$3.00 / year each.

Mail to: M.A.R.C., P.O. Box 4401, Midland, Texas 79704