

**The Milton Amateur Radio Club
P. O. Box 4072
Milton, FL 32570**

MEMBERSHIP APPLICATION/RENEWAL FORM

Renewal: _____ **New Member:** _____

Date: _____ **Your Call Sign:** _____

Family Member Call Sign: _____

Extra: ___ **Advanced:** ___ **General:** ___ **Tech:** ___ **Novice:** ___

First Name: _____

Last Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home #: _____ **Cell #:** _____

E-mail: _____

Are you a member of the American Radio Relay League: (ARRL)

- _____ Yes.. I am a ARRL Member
- _____ Yes.. I am a ARRL Life Member
- _____ No.. I am not a ARRL Member but request a Application
- _____ No.. I have no interest in joining the National Organization at this time

- _____ Regular Membership \$ 15.00 January - December (Repeater & Vote)
- _____ Regular Membership \$ 7.50 July - December (Repeater & Vote)
- _____ Family Membership \$ 20.00 January - December (Repeater & One Vote)
- _____ Family Membership \$ 10.00 July - December (Repeater & One Vote)
- _____ Associate Membership \$ 10.00 January - December (NO Voting/Repeater)
- _____ New Amateur Radio Operator **ONE Year FREE** (Must be in the last 60 days)

I hereby agree to abide by the rules and regulation of the Milton Amateur Radio Club.

Signature: _____

