Application

For

Membership

Eastern Ful-Mont Amateur Radio Club

Name:	Call Sign:		License Class:	
Address:	City:	State:	_Zip:	
Email Address:		ARRL Membershi	o? YN	
Home Phone:	Cell Phone:			
Emergency Contact Person (Name/Phone#):				
Primary Amateur Radio Interests (i.e. Contests, Public Service, DX etc)				
Membership Agreement				
Annual Dues	for Full Membership	\$15.00/yr. \$20.00 w/Spouse and	IFM	
I agree to conduct my activities in accord with the By-Laws of the Eastern Ful- Mont Amateur Radio Club.				

 Date:
 Signature: