Membership Application

Please complete all information on this form.

Name:	Amateur Callsign:
Family Member:	Callsign:
Street Address:	
City:	State: Zip Code:
Home Phone: _()	Cell Phone: _()
E-Mail Address:	
How would you like to receive club information? E-I	Mail USPS
Are you a member of the ARRL: Yes No	Membership expiration: Month Year
If you join the ARRL through the ECARC, the club w your application. Contact the club for an ARRL Mem	, , , , , , , , , , , , , , , , , , , ,
Club membership term is for one year from Jan	uary 1 thru December 31, 2013.
Membership dues include all Licensed Amateur	rs living at the same address.
Annual Membership Dues: \$20.0	00 Make Check Payable To: ECARC
Voluntary Contribution:	
Total Amount:	c/o Ron Larson W9RLL 1006 Pine Court Eau Claire, WI 54703
Note: Membership Dues do not cover the o	club's annual operating expenses.
Please consider making a voluntary contrib	oution of any dollar amount that fits your budget.
The Eau Claire Amateur Radio Club inc is a of the Internal Revenue Code. Your volunt	a non-profit corporation as described In Section 301(c3) ary contribution maybe tax deductible.
I agree to abide by the by-laws of the Eau Claire	e Amateur Radio Club inc. www.ECARC.org
Applicant's Signature:	Date:
	For ECARC use only
	Check Number: Date:
	Amount: