Membership Application Please complete all information on this form.

Name:	Amateur Call Sign:					
Family Member:	Call Sign:					
Street Address:						
City:						
Home Phone: <u>(</u>)		Cell Pho	ne: <u>(</u>)			
E-mail Address:						
How would you like to receive club						
Are you a member of the ARRL: Ye	es No	Memb	er Expiration: Mo	onth Year		
**If you join the ARRL through your application			eive membership d RL Membership A	·	essing	
Club membership term is for one y	ear from January	1 thru Dec	ember 31, 2014.			
Membership dues include all Licens	sed Amateurs livir	ng at the sa	me address.			
Annual Membership	Dues: \$20.00		Mak	e Check Payable To:	ECARC	
*Voluntary Contribu	ıtion <u>:</u>		Mail	to: ECARC		
Total Amount Enclosed:				C/O Ron Larson 1006 Pine Court		
				Eau Claire, WI 5		
*Note: Membership Dues do not Please consider making a volunta			•	get.		
The Eau Claire Amateur Radio Clu of the Internal Revenue Code. Yo				D1(c3)		
agree to abide by the by-laws of t	he Eau Claire Ama	ateur Radio	Club Inc.:	www.ECARC	.org	
Applicant's Signature:			Date:			
				For ECARC use only		
		Ch	eck Number:	Date:		
		Am	ount:			