

# Alford Memorial Radio Club

P.O. Box 1282  
Stone Mountain, GA 30086-1282

## Application for Membership

**New Member**      
 **Renewal**      
 **Renewal w/Changes**

First Name:		Last Name:		Middle Name or Initial:	
Preferred Name (Nickname):		Amateur Callsign:		License Expires:	
License Class:    Extra <input type="checkbox"/> Advanced <input type="checkbox"/> General <input type="checkbox"/> Technician Plus <input type="checkbox"/> Technician <input type="checkbox"/> Novice <input type="checkbox"/>					
Address:					
City:		State:		Zip:	
Cell Phone:		Home Phone:      Unlisted? <input type="checkbox"/>		Work Phone:	
Email Address:					
Occupation:				Month & Day of Birth:	
ARRL Member:    Yes    No    (Circle one)    Membership Expires:				<b>Please make checks payable to Alford Memorial Radio Club, Inc.</b>	
Amount Enclosed:		Type of Membership:    Individual(\$25) <input type="checkbox"/> Family(\$25) <input type="checkbox"/> Student(\$15) <input type="checkbox"/>			
<b>Additional Family Members:</b> <u>Name</u> <u>Callsign</u> <u>Class</u> <u>License Expires</u> <u>ARRL Member</u> <u>ARRL Expires</u> <u>DOB</u>					
1. _____					
2. _____					
3. _____					
4. _____					
I hereby apply for membership in the Alford Memorial Radio Club, Inc. In making this application I pledge to operate in accordance with the Club rules and the FCC rules and regulations (Part 97) governing the Amateur Radio Service and my equipment. In addition, I pledge to use only good operating techniques on the Club's repeaters and will not tie up the repeaters when there are others waiting to use them or when Simplex communications are possible.					
Signature: _____ Date: _____					

**FOR AMRC USE ONLY**

Member ID:	Payment ID:	Method:	Amount:
Date Entered:	Entered By:	Payment Date:	For Year: