

Alford Memorial Radio Club

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

Application for Membership

New Member Renewal Renewal w/ Changes Autopatch

First Name		Last Name		Middle Name	
Nick Name		Amateur Call		Expires	
License Class Extra <input type="checkbox"/> Advanced <input type="checkbox"/> General <input type="checkbox"/> Technician Plus <input type="checkbox"/> Technician (No Code) <input type="checkbox"/> Novice <input type="checkbox"/>					
Address					
City			State	ZIP	
Home Phone			Unlisted <input type="checkbox"/>	Work Phone	
Occupation				Date of Birth	
ARRL Member Yes <input type="checkbox"/> No <input type="checkbox"/>			Expiration Date		Please make checks payable to Alford Memorial Radio Club, Inc
Amount Enclosed \$		Type of Membership Individual (\$25) <input type="checkbox"/> Family (\$25) <input type="checkbox"/> Student (\$15) <input type="checkbox"/>			
Additional Family Members					
Name	Call	Class	Expires	ARRL Expires	DOB
1. _____					
2. _____					
<p>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 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.</p>					
Signature: _____			Date: _____		
Autopatch					
145.450MHz <input type="checkbox"/> 444.250MHz <input type="checkbox"/> Donation Enclosed \$ _____					
<p>In making this application, I agree to abide by all FCC rules and regulations, and to abide by any and all club rules, regulations, constitution, and bylaws. I fully understand that this application and/or autopatch privileges extended may be rescinded, canceled, and/or be made unavailable at any time with or without notice.</p>					
Signature: _____			Date: _____		