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 ☐ Advanced ☐ General ☐ Technician Plus ☐ Technician ☐ Novice ☐

Address:		
City:	State:	Zip:
Cell Phone:	Home Phone: Unlisted?	Work Phone:
Email Address:		
Occupation:		Date of Birth:
ARRL Member: Yes No (Circle one) Membership Expires:		**Please make checks payable to Alford Memorial Radio Club, Inc.**
Amount Enclosed:	Type of Membership: ☐ Individual($30) ☐ Family($30)	

Additional Family Members: Name Callsign Class License Expires ARRL Member ARRL Expires DOB

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: _____

To Newly Minted Hams: The Alford Memorial Radio Club is pleased to commemorate your new license and offer you the current year's membership **at no charge** if you apply within **90 days** of your license grant date.

FOR AMRC USE ONLY

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

ver. 2026_01