

Mount Diablo Amateur Radio Club

Membership Application for 2009

- Please type or block print clearly -

Date: _____ Call: _____ License Class: E A G T+ T N

Name: _____ Nickname: _____

Spouse's Name: _____ Spouse's Call: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____ Autopatch Default: (_____) _____

E-mail: _____

Circle any phone numbers or e-mail address above that you do NOT want listed in the club roster.
Please note, we take care to ensure that member information is never used for non-club or commercial purposes.

Please check if you are a member of: ARRL RACES/ARES NTS MARS SATERN CERT

List family members (living at the same address) also applying for membership with call sign and license class:

Please indicate your areas of interest:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Community Service
<input type="checkbox"/> Teaching Ham Classes
<input type="checkbox"/> PACIFICON
<input type="checkbox"/> Volunteer Examiner (VE)
<input type="checkbox"/> Satellite Communications
<input type="checkbox"/> APRS
<input type="checkbox"/> CERT | <input type="checkbox"/> RACES/ARES
<input type="checkbox"/> Newsletter (<i>The Carrier</i>)
<input type="checkbox"/> Being an Elmer
<input type="checkbox"/> Technical Assistance
<input type="checkbox"/> Contesting
<input type="checkbox"/> DX | <input type="checkbox"/> Field Day
<input type="checkbox"/> Club Auction
<input type="checkbox"/> Social Events
<input type="checkbox"/> Publicity/Public Relations
<input type="checkbox"/> Amateur Television (ATV)
<input type="checkbox"/> Technical Committee | <input type="checkbox"/> Traffic Handling (NTS)
<input type="checkbox"/> Club Officer
<input type="checkbox"/> RFI/TVI
<input type="checkbox"/> Official Observer
<input type="checkbox"/> Internet
<input type="checkbox"/> Repeater |
|--|---|---|--|

To assist the club in better serving the membership, please provide the following optional information:

Occupation: _____ Technical training: _____

Relevant skills: _____

Other areas of interest: _____

Additional information, comments or suggestions: _____

MDARC DUES for Individual or family of up to 4, all living at the same address: <i>Family members are full members, but a family receives only one copy of the newsletter.</i>	\$ 45.00
Additional family members beyond 4 (living at the same address) @ \$10.00 each:	\$
Beginning July 1 st dues are prorated to 50% of normal for first time members only :	\$
Total:	\$

Please make your check payable to MDARC and mail to:

MDARC
PO BOX 23222
PLEASANT HILL, CA 94523-0222

MDARC Telephone: 1 925 288-1730

Office Use Only

Date	ID#	Slot	\$	Ck#	Intls