



## Membership Application

NAME: \_\_\_\_\_ CALL: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ ARRL MEMBER?: Y N Expiration: \_\_\_\_\_

FAMILY MEMBER: \_\_\_\_\_ CALL: \_\_\_\_\_

FAMILY MEMBER: \_\_\_\_\_ CALL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### Circle a Membership Type:

Single - \$30

Family - \$40

Senior/fixed income - \$15

Newly licensed (within the last year) - FREE

[Checks payable to: **MARC** Mail To: Lynda Kimmel (Treasurer) 347 Ridge Rd, Athol, MA 01331]

[To pay by PayPal visit website: [www.mohawkarc.org](http://www.mohawkarc.org)]

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*Below is completed by the Secretary*

Payment Method: Cash, Check, PayPal

Date Received: \_\_\_\_\_ By: \_\_\_\_\_