



Orange County Amateur Radio Club

Membership Application

Orange County Radio Club, Inc.
P.O. Box 624
Cornwall, NY 12518

Last name: _____ First name _____

Call sign: _____ License class: _____

Street _____

City _____ Zip: _____

Telephone - home: _____ Telephone - work: _____

	Yes	No		Yes	No
ARRL Member?	<input type="checkbox"/>	<input type="checkbox"/>	Mobile V/U/HF Capability?	<input type="checkbox"/>	<input type="checkbox"/>
ARRL VE?	<input type="checkbox"/>	<input type="checkbox"/>	Hand Held V/UHF Capability?	<input type="checkbox"/>	<input type="checkbox"/>
ARRL Official or Appointee?	<input type="checkbox"/>	<input type="checkbox"/>	Emergency power Capability?	<input type="checkbox"/>	<input type="checkbox"/>

Where do you like to operate?

Mode	Below 30MHz	Above 30 Mhz
FM	<input type="checkbox"/>	<input type="checkbox"/>
AM	<input type="checkbox"/>	<input type="checkbox"/>
SSB	<input type="checkbox"/>	<input type="checkbox"/>
CW	<input type="checkbox"/>	<input type="checkbox"/>
RTTY	<input type="checkbox"/>	<input type="checkbox"/>
SSTV	<input type="checkbox"/>	<input type="checkbox"/>
Digital	<input type="checkbox"/>	<input type="checkbox"/>
RACES	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

The club uses email to notify members of upcoming meetings and other club events.

Please list your email address here:

(This email address will not be given to any other organization.)

(If "Other", please describe:) _____

Favorite frequency(s) and mode(s): _____

Your birth MONTH _____ Your birth DAY _____

(You need not disclose your year of birth)

Annual dues: **\$12.00** _____

I agree to abide by the by-laws of the Orange County Amateur Radio Club, Inc. as amended. I understand that membership is granted by the Board of Directors and that it can be revoked by them at any time.

(Signature and date)