

# MOUNT VERNON AMATEUR RADIO CLUB

## MEMBERSHIP APPLICATION

Individual (\$20.00)    
  Family (\$25.00)    
  Student (\$15.00)

Name \_\_\_\_\_ Call Sign \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip+4 \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_  
 License Class \_\_\_\_\_ Year First Licensed \_\_\_\_\_ ARRL Member? [ ] Yes [ ] No  
 \*Occupation \_\_\_\_\_ \*Employer \_\_\_\_\_

Spouse/Companion Name \_\_\_\_\_ Call Sign \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip+4 \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_  
 License Class \_\_\_\_\_ Year First Licensed \_\_\_\_\_ ARRL Member? [ ] Yes [ ] No  
 \*Occupation \_\_\_\_\_ \*Employer \_\_\_\_\_

### Other Family Members Covered By Family Membership

Name \_\_\_\_\_ Call Sign \_\_\_\_\_  
 License Class \_\_\_\_\_ Year First Licensed \_\_\_\_\_ ARRL Member? [ ] Yes [ ] No  
 Name \_\_\_\_\_ Call Sign \_\_\_\_\_  
 License Class \_\_\_\_\_ Year First Licensed \_\_\_\_\_ ARRL Member? [ ] Yes [ ] No  
 Name \_\_\_\_\_ Call Sign \_\_\_\_\_  
 License Class \_\_\_\_\_ Year First Licensed \_\_\_\_\_ ARRL Member? [ ] Yes [ ] No

• Currently an:    ARES Member?  Yes  No    RACES Member?  Yes  No    MARS Operator  Yes  No

Are you interested in joining ARRL or any other of these activities? Indicate which one(s) \_\_\_\_\_

Do you have emergency power source/generator?  Yes  No

• Equipment:     Mobile     Hand Held - Portable     Fixed Station

\*List Equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• Currently Operate on:

	SSB	FM	AM	CW	RTTY	PACTOR	PACKET	SSTV	SATELITE
Below 30 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above 30 MHz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Information is Optional. If retired please indicate occupation before retirement.

- Area of interest in Amateur Radio:  Experimental  Building/Repairing Equipment  Antennas  DX  
 Contesting  Fox Hunting  Field Operations  Other: \_\_\_\_\_

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- Other Amateur Radio clubs or Activities \_\_\_\_\_

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- What activities, programs or events would you like to see in MVARC programs? \_\_\_\_\_

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- Areas of Personal Expertise in Amateur Radio, Electronics, Other \_\_\_\_\_

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- Do you wish to be assigned an “ELMER” from the club  Yes  No  
 Is there a specific person you would prefer? Name: \_\_\_\_\_

- Would you be willing to be an “ELMER” to other club members?  Yes  No  
 To new adult members  Yes  No      To youth members  Yes  No

In what interest area? \_\_\_\_\_

- Other comments? \_\_\_\_\_

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I hereby apply for membership in the Mount Vernon Amateur Radio Club and agree to abide by its Constitution and By-laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make Checks payable to MVARC**

**Mail to: MVARC**  
**P.O. Box 7234**  
**Alexandria, VA 22307**