



Crowley's Ridge ARC

2022 MEMBERSHIP APPLICATION

[WWW.CRARC.NET](http://www.crarc.net)

New Membership Renewal Membership

PLEASE PRINT LEGIBLY!

FIRST NAME	M.I.	LAST NAME	SUFFIX	STATION CALL SIGN	OPERATOR LICENSE CLASS
MAILING ADDRESS (Number and Street or P.O. Box)				OCCUPATION	ARRL MEMBER? Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY		STATE CODE	ZIP CODE	BIRTHDAY (Month/Day)	SPOUSE NAME
CELL PHONE NUMBER	HOME PHONE NUMBER	E-MAIL ADDRESS			

Have you ever been issued a Notice of Apparent Liability (NAL) from the FCC? No YES
 If you **do not** want to share your contact information with other members of the club, check mark this box

Membership Desired: Full¹(\$20) Family²(\$10) Associate³(\$10)

Select your interest from the following Amateur Radio activities:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ARES | <input type="checkbox"/> ARRL Field Day | <input type="checkbox"/> Contesting | <input type="checkbox"/> CW Morse Code |
| <input type="checkbox"/> Digital Modes | <input type="checkbox"/> DXing | <input type="checkbox"/> Education | <input type="checkbox"/> Fox Hunting |
| <input type="checkbox"/> HF SSB | <input type="checkbox"/> Open House | <input type="checkbox"/> Presentations | <input type="checkbox"/> Satellite DXing |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> VEC VE | <input type="checkbox"/> VHF/UHF Repeaters | <input type="checkbox"/> Weekly Nets |
| <input type="checkbox"/> Working w/Youth | <input type="checkbox"/> Other: <input style="width: 500px;" type="text"/> | | |

By signing this application, you agree to accept the CRARC Bylaws and Code of Conduct that are published on the club's Website at www.crarc.net

Signature of Applicant: X	Date Signed: _____
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Payment Option One: Make a check payable to **Crowley's Ridge ARC** and mail with application to:

Crowley's Ridge ARC
226 Country Road 74505
Jonesboro, AR 72401

Payment Option Two: Bring application with check to the next club meeting.

FOR CRARC USE ONLY					
VOTE DATE:	New Membership Sponsor:				
	Print Name _____	Signature _____	Call Sign _____		
RECEIVED DATE:	AMOUNT:	CHECK #	CASH:	MEMCMTE <input type="checkbox"/>	POSTED <input type="checkbox"/>

(1) All Memberships will be pro-rated by the quarter. 1st Quarter 100%, 2nd Quarter 75%, 3rd Quarter 50% and 4th Quarter 25% of full price. (2) Family Membership is Full membership plus \$10 for all additional family member living in the same household. Attach a separate application for each family member. (3) Associate Membership is a non-licensed radio operator member and shall have all club privileges, except the right to vote or hold office.