

# Horseshoe Amateur Radio Club, Inc.

# Membership Application & Financial Support Record

Member Name:   Regular Price 25.00

Call Sign:  ARRL Member: Y / N   Student Price 12.50

Class:  Extra  Advanced  General  Technician  Novice

Date Licensed:   Tech. w/Code  Not Licensed

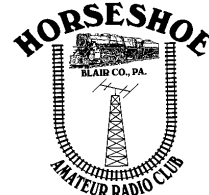
Date of Birth:  E-mail:

Address:

Address:

City:  State:  Zip:

Home Phone:  Work Phone:  Cell Phone:



Spouse's Name:   Add Spouse: 10.00

Call Sign:  ARRL Member: Y / N

Class:  Extra  Advanced  General  Technician  Novice (No Additional Newsletter)

Date Licensed:   Tech. w/Code  Not Licensed

Date of Birth:  E-mail:

1st. Child:  (Must be under age 18, or full time student)  Add Child: 5.00

Call Sign:  ARRL Member: Y / N

Class:  Extra  Advanced  General  Technician  Novice (No Additional Newsletter)

Date Licensed:   Tech. w/Code  Not Licensed

Date of Birth:  E-mail:

2nd. Child:  (Must be under age 18, or full time student)  Add Child: 5.00

Call Sign:  ARRL Member: Y / N

Class:  Extra  Advanced  General  Technician  Novice (No Additional Newsletter)

Date Licensed:   Tech. w/Code  Not Licensed

Date of Birth:  E-mail:

Additional Contribution:

\$25.00  \$50.00  \$100.00  \$ \_\_\_\_\_  \$ \_\_\_\_\_  Record As Anonymous

Bronze Key Member Silver Key Member Gold Key Member Other Contribution Corporate Sponsor

Regular Fund  Repeater Fund

I am requesting membership in the Horseshoe Amateur Radio Club, Incorporated. I agree to abide by the rules and regulations of the club, as detailed in the Constitution and Bylaws of the H.A.R.C. I understand that the pursuit of a hobby such as Amateur Radio involves certain inherent risks to my personal safety, and to the protection of any personal property that I may bring to club functions and activities. I accept these risks as being a normal part of the hobby. I further agree to protect and hold harmless the Horseshoe Amateur Radio Club, Inc., its Officers, Agents, Partners, and Members from any action resulting from death, injury, or loss of property that I may incur.

Total Dues Enclosed:

Send Form & Payment To:  
 Emma Venesky, N3VRN  
 513 Kerr Avenue  
 Patton, PA 16668

Signed: \_\_\_\_\_ (member)  
 Signed: \_\_\_\_\_ (spouse)

Dated: \_\_\_\_\_  
 Dated: \_\_\_\_\_