



FOOTHILLS AMATEUR RADIO CLUB, INC.

P.O. BOX 236
Greensburg, Pennsylvania 15601



MEMBERSHIP APPLICATION

NEW _____

RENEWAL _____

REINSTATEMENT _____

NAME _____
STREET _____
CITY-STATE-ZIP _____
PHONE NUMBER _____
OVER AGE 65 _____

CALL _____
LICENSE CLASS _____
OCCUPATION _____
ARRL MEMBER _____
VE ACCREDITED? _____

I hereby apply for (full/associate) membership in the FOOTHILLS AMATEUR RADIO CLUB INC., according to provisions set forth in the Constitution & By-Laws.

I understand that dues for membership are presently \$15.00 per year, payable at the beginning of each calendar year. NEW MEMBERS that join after July 1st will be assessed one-half the yearly dues. This does not apply to renewal of membership. Full time students, members over age 65, and additional family members living in the same household, shall be assessed one half (1/2) the regular assessment.

I understand an initiation fee of five (\$5.00) dollars is to be paid when submitting this application, accompanied by the yearly dues. If, for any reason, this application is rejected, the full amount will be refunded.

Applications may be submitted at a regular meeting and will be voted on at that meeting. Applications may be submitted by mail, to the Secretary, for consideration at the next regular meeting. A check or money order, to include initiation fee and yearly dues must accompany mail applications. Two thirds of the membership present at the meeting must vote in favor, to constitute acceptance.

IN SIGNING THIS APPLICATION, I FULLY AGREE THAT NEITHER THE FOOTHILLS AMATEUR RADIO CLUB, INC., ITS OFFICERS OR MEMBERS, SHALL BE HELD LIABLE IN THE EVENT OF AN ACCIDENT OR INJURY.

I understand that as a member of the Foothills Amateur Radio Club, Inc., I will be provided Repeater Function and Autopatch Access Codes. I understand these codes are to remain **CONFIDENTIAL** and will be used by me in a manner to safeguard them from loss and/or disclosure. I further recognize that these codes may be changed from time to time, and that my membership may be revoked if I act in an irresponsible manner with regard to their use.

SIGNATURE _____
DATE _____
E-Mail Address _____