

The Cherryville Repeater Association II, Inc.
P.O.Box 308
Quakertown, NJ 08868

****Application for Membership****

Callsign: _____ Name: _____
E-Mail Address: _____ License Class: _____
Exp. Date: _____
ARRL Member? Y/N: _____
Are you related to a current CRA member? _____ Are there other hams in your family? _____
Who? Callsign, Name) _____ Who? Callsign, Name, Relation) _____
Mailing Address: _____
County: _____ State: _____ Zip: _____
Day Phone: _____ Unlisted? _____
Evening Phone: _____ Unlisted? _____
Other Hobbies, Skills, Activities and interests: _____

Please indicate the type of membership for which you are applying:

Full Membership

To be eligible, an applicant must be a holder of an unexpired amateur radio operator's license issued or recognized by the United States.

Associate Membership

Any person who is not eligible for a full membership due to the lack of an amateur radio operator's license issued or recognized by the United States but who is interested in amateur radio is eligible for associate membership.

Supporting Membership

Any person who wishes to contribute monies without seeking personal, business or political gain to offset a portion of the operating cost for the corporation's repeater system without joining in the corporation activities is eligible to be a Supporting Member but will not be a member of the corporation and will not be afforded voting rights.

Sponsor: _____ Sponsor's Callsign: _____

Sponsor's Signature: _____ Date: _____
The Sponsor must be a full member. Any club officer can assist in identifying a sponsor.

By submitting this signed application, I agree to abide by the By-Laws of the Cherryville Repeater Association II, Inc.

Applicant Signature: _____ **Date:** _____

=====

The by-laws require that members observe FCC Part 97 Rules and not discredit themselves, the Association or Amateur Radio. Any club officer can provide additional information.

*Requirements for full voting membership are attendance at three meetings or Club sponsored events, possession of a valid amateur radio operator's license (except for Associate Membership), and membership approval. Membership requirements must be completed within one year.

| | | |
|-------------------------------------|----------------------------|------------------------------------|
| **Membership Committee Use** | | |
| Dates of Meetings/Events: 1) _____ | 2) _____ | 3) _____ |
| Board Approval: _____ | Membership Approval: _____ | |
| Initiation _____ | Dues Paid _____ | |
| Badge Ordered: _____ | Badge Delivered _____ | |
| Secretary _____ | Treasurer _____ | Membership Chair _____ |
| | | Membership Package delivered _____ |