

COLUMBIA-MONTOUR AMATEUR RADIO CLUB

Please make checks payable to: CMARC

Mail the check and this application to: Robert Marande, 106 Arbutus Park RD, Bloomsburg PA 17815

Yes, I/We wish to belong to the: **Columbia Montour Amateur Radio Club**

Revised 2/06/2026

Today's Date: _____

New: ___ Renewal: ___

___ Full voting membership (Licensed Amateur) \$20.00 per year \$ _____

___ Additional Family Member \$15.00 per year \$ _____

Additional family member is \$5 less than primary member

___ Senior Membership (Age 65+)..... \$15.00 per year \$ _____

___ Student \$ 10.00 per year \$ _____

___ Associate Membership (Not Licensed Yet)..... \$ 5.00 per year \$ _____

Total Enclosed.....\$ _____

Personal Information:

Name: _____ Birth Date: _____

Address: _____ Call Sign: _____

City/Town: _____ Contact Phone: _____

State: _____ Zip Code: _____ Email: _____

ARE YOU A MEMBER OF ARRL? YES: _____ NO: _____

Additional Family Member: _____ Call Sign: _____

Additional Family Member: _____ Call Sign: _____

License Status: (Check one) Novice: ___ Tech: ___ Tech+: ___ General: ___ Advanced: ___ Extra: ___

Operating Interests: (Check all that apply)

HF CW: ___ SSB: ___ RTTY: ___ PACKET: ___ PSK31: ___ Other: _____

VHF/UHF FM: ___ PACKET: ___ EME: ___ SSB: ___ Satellite: ___

What club activities are you interested in: (Check all that apply)

___ Serve on a Committee/Executive ___ Field Day Activities ___ Fox Hunt ___ Community Service

___ Emergency Comm / ARES ___ Hamfest ___ Computers ___ Internet

___ Teaching Amateur Radio Course ___ Volunteer Examiner Other: _____

MEMBERSHIP AGREEMENT

All members, including licensed family members, are required to sign this form indicating their willingness to abide by this membership agreement.

I/WE, AGREE TO ABIDE BY THE BY-LAWS OF THE COLUMBIA MONTOUR AMATEUR RADIO CLUB.

SIGNATURE: _____, DATE: _____

ADDITIONAL FAMILY MEMBER'S SIGNATURE: _____, DATE: _____

ADDITIONAL FAMILY MEMBER'S SIGNATURE: _____, DATE: _____

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DO NOT WRITE BELOW DOUBLE LINE, FOR OFFICE USE ONLY.

DATE DUES PAID: _____ AMOUNT \$: _____

RECEIVED BY: _____ CALL: _____