



Frederick Amateur Radio Club - K3ERM
Post Office Box 1260
Frederick, Maryland 21702-0260

Monthly Club meetings on the 3rd Monday of each month at 7:00 PM, at the Independent Hose Company fire station, 310 Baughmans Lane in Frederick City (map on back)

Additional information at: <http://www.qsl.net/k3erm/>

MEMBERSHIP APPLICATION

Name: _____ Callsign: _____ License Class: _____

Address: _____ License Expiration: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____

ARRL Member? Yes ___ No ___ (If No, would you like an application?) _____

I am equipped to operate on (enter **H** for home QTH, **M** for mobile and/or **P** for portable, as applicable):

160 meters	<input type="checkbox"/>	20 meters	<input type="checkbox"/>	10 meters	<input type="checkbox"/>	440 MHz	<input type="checkbox"/>
80 meters	<input type="checkbox"/>	17 meters	<input type="checkbox"/>	6 meters	<input type="checkbox"/>	Other	<input type="checkbox"/>
40 meters	<input type="checkbox"/>	15 meters	<input type="checkbox"/>	2 meters	<input type="checkbox"/>		<input type="checkbox"/>
30 meters	<input type="checkbox"/>	12 meters	<input type="checkbox"/>	220 MHz	<input type="checkbox"/>		<input type="checkbox"/>

I have emergency backup power available: Yes ___ No ___ Generator ___ Battery Bank ___ Solar ___

My primary activities and interests in Amateur Radio include:

As a **Licensed Amateur Radio Operator**, I understand that I am eligible to apply for **Full Membership**. If unlicensed, I am eligible to apply for **Associate Membership** with automatic conversion to full membership upon receipt of my FCC Amateur Radio Operator's License. I agree to conform to and abide by the Constitution and by-laws under which the Frederick Amateur Radio Club operates.

DUES: Payment of \$10.00 is being submitted with this application, and will make my membership current for this calendar year. (Membership includes AUTOPATCH on both 2M and 440MHz Club repeaters.)

Signature: _____

Club Treasurer to record the following information:

Date Application Received: _____

First Year Dues Received: _____

Proof of FCC License Provided: Yes ___ No ___

Approved by Membership Vote as: Full ___ Associate ___ member at the FARC meeting on _____

