Membership Application Please complete all information on this form.

Name:	Amateur Call Sign:		
Family Member:	Call Sign:		
Street Address:			
City:	State:	Zip Code:	
Home Phone: ()	Cell Ph	none: <u>(</u>)	
E-mail Address:			
How would you like to receive club	information? E-mail	USPS	
Are you a member of the ARRL: Ye	s No Me	ember Expiration: Mont	h Year
**If you join the ARRL through your application	the ECARC, the club will r n. Contact the club for an	-	
Club membership term is for one ye	ear from January 1 thru D	ecember 31, 2015.	
Membership dues include all Licens	sed Amateurs living at the	e same address.	
Annual Membership	Dues: \$20.00	. Make 0	Check Payable To: ECARC
*Voluntary Contribu	ition <u>:</u>	Mail to	: ECARC
Total Amount Enclo	sed:		C/O Ron Larson W9RLL 1006 Pine Court Eau Claire, WI 54703
*Note: Membership Dues do not Please consider making a volunta			
The Eau Claire Amateur Radio Clu of the Internal Revenue Code. Yo			3)
I agree to abide by the by-laws of the	he Eau Claire Amateur Ra	dio Club Inc.:	www.ECARC.org
Applicant's Signature:		Date:	
	_		
		For ECARC use only	
		Check Number:	Date:
		Amount:	