

Membership Application and Information Form

Murray State University Amateur Radio Club

Member Information

Name	Call Sign	Class	
Street	City	State	Zip
E-mail	Home Phone	Work Phone	
ARRL Member?	Years first licensed?		

Students - Local Information (if different)

Street	City	State	Zip
Phone Number			

Interests (check all that apply)

<input type="checkbox"/> DX	<input type="checkbox"/> Rag-Chewing	<input type="checkbox"/> Public Service Operations	<input type="checkbox"/> Other _____
<input type="checkbox"/> Traffic Nets	<input type="checkbox"/> Experimentation	<input type="checkbox"/> Emergency Operations	

Emergency Operations Information (check for phone tree, affiliations, and interests)

<input type="checkbox"/> Phone Tree Call Up	<input type="checkbox"/> ARES Member	<input type="checkbox"/> MARS Member	<input type="checkbox"/> Severe EX Nets
<input type="checkbox"/> Work Calls/Odd Hours OK	<input type="checkbox"/> ARES Interest	<input type="checkbox"/> MARS Interest	

Training (check training completed or "interested in" if you would like notification of training)

<input type="checkbox"/> WX Spotters Basic	<input type="checkbox"/> CPR	<input type="checkbox"/> EMT
<input type="checkbox"/> WX Spotters Advanced	<input type="checkbox"/> First Aid	<input type="checkbox"/> Search and Rescue
<input type="checkbox"/> Interested in WX Spotter	<input type="checkbox"/> Interested in CPR/First Aid	<input type="checkbox"/> Other _____

WX Spotter Training #	Spotter Location	
-----------------------	------------------	--

Membership (check one)

<input type="checkbox"/> Full (License and MSU affiliated)
<input type="checkbox"/> Associate
<input type="checkbox"/> Not applying, just contributing.

Your Equipment (check all that apply)

<input type="checkbox"/> HF	<input type="checkbox"/> CW	<input type="checkbox"/> SSB	<input type="checkbox"/> Emergency Power
<input type="checkbox"/> VHF	<input type="checkbox"/> FM	<input type="checkbox"/> MOBILE	
<input type="checkbox"/> UHF	<input type="checkbox"/> RTTY	<input type="checkbox"/> PACKET	

I pledge to abide by all Rules and Regulations of the Federal Communications Commission. If elected to membership, I pledge to abide by the Constitution, Bylaws, and rules of the Murray State University Amateur Radio Club.

(Signature)

(Date)

Date of Dues/Contributions	Amount	CLUB USE ONLY (Signature)

Send completed forms with dues payment (\$15, plus \$5 for each additional family member at same address)
Payable to: MSUARC, and send to MSUARC PO Box 2580 University Station Murray, KY 42071