JACKSON AMATEUR RADIO CLUB, INC.
Membership Application/Information

This form may be used for any of the following purposes (check all that apply):

_____ A. Pay dues: Renewal _____ New _____
_____ B. Change of Mailing Address
_____ C. Supply the Club with needed information (i.e., new callsign, license upgrade, etc.)

TODAY'S DATE: _____
NAME: _____CALLSIGN _____
MAILING ADDRESS: _____
CITY, ST, ZIP _____
HOME PHONE _____ WORK PHONE _____
E-MAIL ADDRESS _____
CLASS OF LICENSE _____ ARRL MEMBER? _____
EMERGENCY POWER? _____

DUES: Payable annually by January 1.

FULL MEMBER	$18.00
SENIOR MEMBER (Full member 65 or over)	9.00
ASSOCIATE MEMBER (Unlicensed persons, or licensed amateur living outside a 35-mile radius of Jackson)	9.00
FAMILY MEMBER (Licensed amateurs, or other persons living in the same household as a JARC Full Member)	4.50

NAME_____ CALL _____ AMOUNT _____
NAME_____ CALL _____ AMOUNT _____
NAME_____ CALL _____ AMOUNT _____

FOR _____ THRU _____ TOTAL _____

NOTE: FULL MEMBERSHIIP REQUIRES PROOF OF LICENSE!

MAIL TO: JACKSON AMATEUR RADIO CLUB, INC.
P. O. BOX 55643
JACKSON, MS 39296-5643