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)
☐ DX ☐ Rag-Chewing ☐ Public Service Operations ☐ Other ____________________________
☐ Traffic Nets ☐ Experimentation ☐ Emergency Operations

Emergency Operations Information (check for phone tree, affiliations, and interests)
☐ Phone Tree Call Up ☐ ARES Member ☐ MARS Member ☐ Severe EX Nets
☐ Work Calls/Odd Hours OK ☐ ARES Interest ☐ MARS Interest

Training (check training completed or “interested in” if you would like notification of training)
☐ WX Spotters Basic ☐ CPR ☐ EMT
☐ WX Spotters Advanced ☐ First Aid ☐ Search and Rescue
☐ Interested in WX Spotter ☐ Interested in CPR/First Aid ☐ Other ____________________________
WX Spotter Training # ____________________________ Spotter Location ____________________________

Membership (check one)
☐ Full (License and MSU affiliated)
☐ Associate
☐ Not applying, just contributing.

Your Equipment (check all that apply)
☐ HF ☐ CW ☐ SSB ☐ Emergency Power
☐ VHF ☐ FM ☐ MOBILE
☐ UHF ☐ RTTY ☐ 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