



APPLICATION FOR MEMBERSHIP
MILTON AMATEUR RADIO CLUB, INC.

K3FLT

329 HEPBURN STREET
MILTON, PA 17847



Name:			
Call Sign:		Expiration Date:	
Mailing Address:			
City, State, ZIP code:			
e-mail address(es):			
Home phone number:			
Work phone number:			
Cell phone number:			
License Class:			

Check bands and modes that you can operate:

MODE	HF	6 meters	2 meters	222 MHz	440 MHz	Others
SSB						
CW						
FM						
DATA						
PACKET						
Other modes (specify below)						
Mobile Operation						

Can your home station be operated without commercial power? Yes [] No []

Signature: _____ Date: _____

Mail: Completed Application and Dues to:
Raymond Ravert
329 Hepburn St.
Milton, PA 17847

Make Check Payable To: Milton Amateur Radio Club, INC.

Report of Membership Committee:
Membership Committee: _____

Application Approved: (Date) _____ Application Rejected: (Date) _____