



Mid-state Am-  
ateur  
Radio Club

P. O. Box 836  
Franklin, IN 46131 Mid-  
statehams.org

Fill in information and submit as a PDF document to: [treasurer@midstatehams.org](mailto:treasurer@midstatehams.org)

## MEMBERSHIP APPLICATION

FIRST NAME		LAST NAME		CALL SIGN	
ADDRESS					
CITY				STATE	ZIP
HOME PHONE			CELL PHONE		
EMAIL ADDRESS					
<input type="checkbox"/> TECHNICIAN LI- CENSE	<input type="checkbox"/> GENERAL LICENSE	<input type="checkbox"/> EXTRA LICENSE	OTHER/NONE:		BIRTH MONTH
DISTRIBUTION OF PHONE NUMBER TO CLUB MEMBERS? <b>YES</b> <b>NO</b>		DISTRIBUTION OF EMAIL ADDRESS TO CLUB MEMBERS? <b>YES</b> <b>NO</b>		USE OF PHOTO ON WEBSITE OR PUBLICATIONS? <b>YES</b> <b>NO</b>	
EMERGENCY CONTACT PERSON			EMERGENCY CONTACT PHONE NUMBER		
ALTERNATE / NICKNAME YOU WISHED TO BE KNOW BY:				DATE	
ADDITIONAL INFORMATION: What equipment do you have that can be used in case of an emergency?					

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
DATE PAID:	CHECK #	DUES \$25.00	DONATION	TOTAL	POSTED BY / DATE
		\$	\$	\$	