

Mount Diablo Amateur Radio Club

Membership Application for 2007

Office Use Only

Date	ID#	Slot	\$	Ck#	Intls

- Please type or block print clearly -

Date: _____

Call: _____ Year Licensed: _____ License Class: E A G T+ T N

Name: _____ Nickname: _____

Spouse's Name: _____ Spouse's Call: _____ License Class: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____ Autopatch Default: (_____) _____

E-mail: _____

Highlight any phone numbers or e-mail address above that you do NOT want listed in the club roster.

Please note: we take care to ensure that member information is never used for non-club or commercial purposes.

Please check if you are a member of ARRL RACES / ARES NTS MARS SATERN

List family members (living at the same address) also applying for membership with call sign and license class:

Please indicate your areas of interest:

<input type="checkbox"/> Community Service	<input type="checkbox"/> RACES/ARES	<input type="checkbox"/> Field Day	<input type="checkbox"/> Traffic Handling (NTS)
<input type="checkbox"/> Teaching Ham Classes	<input type="checkbox"/> Newsletter (<i>The Carrier</i>)	<input type="checkbox"/> Club Auction	<input type="checkbox"/> Club Officer
<input type="checkbox"/> PACIFICON	<input type="checkbox"/> Being an Elmer	<input type="checkbox"/> Social Events	<input type="checkbox"/> RFI/TVI
<input type="checkbox"/> Volunteer Examiner (VE)	<input type="checkbox"/> Technical Assistance	<input type="checkbox"/> Publicity/Public Relations	<input type="checkbox"/> Official Observer
<input type="checkbox"/> Satellite Communications	<input type="checkbox"/> Contesting	<input type="checkbox"/> Amateur Television (ATV)	<input type="checkbox"/> Internet
<input type="checkbox"/> APRS	<input type="checkbox"/> DX		

To assist the club in better serving the membership, please provide the following optional information:

Occupation: _____ Technical training: _____

Relevant skills: _____

Other areas of interest: _____

Additional information, comments or suggestions: _____

MDARC DUES for Individual or family of up to 4, all living at the same address: <i>Family members are full members, but a family receives only one copy of the newsletter.</i>	\$ 45.00
Additional family members beyond 4 (living at the same address) @ \$10.00 each:	\$
Beginning July 1 st dues are prorated to 50% of normal for first time members only :	\$
Total:	\$

Please make your check payable to MDARC and mail to:

MDARC
PO BOX 23222
PLEASANT HILL, CA 94523

MDARC Telephone: 1 925 288-1730