



RIVER CITY AMATEUR RADIO COMMUNICATIONS SOCIETY MEMBERSHIP APPLICATION



2019

Date: _____ New Member Renewing Member

Annual Membership Dues \$20 Regular or \$5 Full-time student \$ _____

Family Member at same address \$10 each \$ _____

Optional Repeater Fund Donation Amt Paid \$ _____

Total Amount Enclosed \$ _____

First Name: _____ Last Name: _____ Birthdate _____

Callsign: _____ Class: _____ ARRL Member? Yes No

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

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

Home Phone: (____) _____ Cellular Phone: (____) _____

E-mail Address: _____

Spouse's First Name: _____

Callsign: _____ Class: _____ ARRL Member? Yes No

Name(s) of Family Member(s) Qualifying for Family Membership _____
(Please attach a separate form for each family member)

NOTE: The club publishes a roster of the membership. Included will be the member's name, call sign, email address, mail address, and phone number. This will be made available only to the RCARCS membership. If you wish to "opt" out or have any of the above information excluded from the published roster, please circle those items above.

Return this form with check payable to: River City ARCS
Mail to: River City ARCS,
c/o Phil Sittner, Treasurer
9181 Winding Oak Dr, Fair Oaks, CA 95628-4172
If you have any questions please contact:
contact@n6na.org

Do not write below this line — office use only

Date _____ Treasurer _____ Payment \$ _____ Check# _____ Cash \$ _____

Membership Chairperson _____ Roster _____ Membership Card _____ Label _____