

Overlook Mountain Amateur Radio Club

OMARC, PO Box 48, Hurley, NY 12443

Membership Application

I/We wish to belong to the Overlook Mountain Amateur Radio Club. Today's date: _____

New ___ / Renewal ___ (check one)

Full voting membership (licensed amateur, voting) \$ 25 per year \$, _____

Family membership (per licensed amateur, voting) \$ 35 per year \$, _____

Senior (65 or older) \$ 20 per year \$, _____

Total Enclosed \$, _____

Make check payable to: OMARC and deliver completed application to any club officer or mail to: OMARC, PO Box 48, Hurley, NY 12443

Personal Information:

Name: _____ Call Sign: _____ License Class: _____

Address: _____ Home Phone: _____ Cell Phone: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Are you a member of the ARRL? YES ___ / NO ___ (check one)

Additional Family Member: _____ Call Sign: _____

Sponsoring OMARC member: _____ Call Sign: _____ Initialed: _____

Operating Interest: (check all that apply)

HF ___ CW ___ SSB ___ RTTY ___ PACTOR ___ PSK31 ___ VHF/UHF: FM ___ Satellite ___ Mesh ___ Other: _____

What club activities may you be interested in? (Check all that Apply)

Serving on a committee ___ Field Day ___ Fox Hunts ___ Community Service ___

Emergency Communications – ARES / RACES ___ Hamfests ___ Internet Technology ___

Teaching Amateur Radio Courses ___ Volunteer Examiner ___ Other _____

Membership Agreement

All applicants including licensed family members applying are required to sign this form indicating their willingness to abide by this membership agreement.

I/we, agree to abide to the constitution and by-laws of the Overlook Mountain Amateur Radio Club. I/we further agree to abide by all FCC rules and procedures as well as the directions of the station trustee and/or control operators designated by the club pertaining to the use of repeaters or other club equipment. I/we understand that the WA2MJM repeaters are operated for the convenience of members and that there is no guarantee of their availability at any given time. Additionally, I/we understand that repeated and or major infractions of any of the above agreed to stipulations will potentially result in loss of membership in the club and forfeiture of any dues paid.

Signature: _____ Date: _____

Additional family member's signature: _____ Date: _____

Any additional family members may sign and date on the opposite side of this application.

DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY.

New membership is contingent upon approval by a vote of the membership. Dues will only be refunded in the event this application is not accepted.

Date Dues Paid: _____ Amount: \$ _____

Received By: _____ Call Sign: _____