



MEMBERSHIP APPLICATION

Today's Date: _____

Call Sign: _____ Class: ☐ N ☐ T ☐ G ☐ A ☐ E Birth Month & Year: _____

Membership: ☐ New ☐ Renewal ARES Member: ☐ Yes ☐ No ARRL Member: ☐ Yes ☐ No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Email: _____

☐ Primary Membership: 1-Year (Jan - Dec) \$20.00

☐ Family Member Membership: 1-Year (Jan - Dec) \$10.00

Primary Member's Name: _____

Relationship: _____

I would like to contribute an additional \$ _____ to support MVARA functions.

Total Enclosed: \$ _____ (Please make your check payable to: MVARA)

Applicant to the Merrimack Valley Amateur Radio Association, Inc. hereby understand that if accepted as a member that they will abide by and be governed by the Constitution and By-laws of the Club and by the rules of the Federal Communications Commission.

Applicant must certify that they:

- Are 18 years of age or older
- Are of good moral character
- Have not been convicted of a felony
- Have not been registered as a sex offender
- Hold an active amateur radio license

Signature: _____

The applicant certifies that all the above information is true. Misrepresentation and/or failure to comply with the above, except for just cause, will subject the applicant or member to immediate termination and forfeiture of all fees, dues, and rights under the Club's Constitution.

Please mail this form with your check payable to the MVARA to:
Merrimack Valley Amateur Radio Association, Inc.
PO Box 143
Auburn, NH 03032