



NORTH MASON AMATEUR RADIO EMERGENCY SERVICE (NMARES) CLUB

MEMBERSHIP FORM

P.O. Box 625
Allyn, WA 98524

Name (please print)

FIRST	MIDDLE INITIAL	LAST

Call sign and license class

	<input type="checkbox"/> TECHNICIAN <input type="checkbox"/> GENERAL <input type="checkbox"/> EXTRA <input type="checkbox"/> OTHER _____
CALL SIGN	LICENSE CLASS

Contact information

CONTACT NUMBER:	
EMAIL ADDRESS:	

Mailing address

MAILING ADDRESS		
CITY	STATE	ZIP

CLUB MEMBERSHIP RUNS FROM MARCH 1 TO FEBRUARY 28 OF THE FOLLOWING YEAR

Member of ARRL (for club status only):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Membership selection:	<input type="checkbox"/> INDIVIDUAL = \$20.00 / YEAR <input type="checkbox"/> FAMILY = \$20.00 / YEAR <i>(list additional names and call signs on the reverse side)</i>
Repeater fund donation (voluntary):	\$
Donations to the NMARES Club are NOT tax deductible.	

PLEASE MAKE CHECKS PAYABLE TO NMARES

Signature and date

SIGNATURE	DATE

For club use only!		
DATE RCVD:	AMOUNT RCVD:	RCVD BY:
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK #	<input type="checkbox"/> OTHER