

Marion Amateur Radio Club Membership Applications

Type (Circle one): **New** **Renewal** **Information Update**

18 yrs or older: **YES or NO**

Call sign: _____ Date: _____
First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Email: _____ Phone: _____

Second Family Member

Call sign: _____ Date: _____
First Name: _____ Last Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Email: _____ Phone: _____

Payment

Amount Paid: _____
(\$25 for membership, under 18yrs and 2nd family member free)
Amount to be donated (Please note what donation is for): _____
Payment type: _____ Check#: _____ Date: _____

PLEASE INCLUDE PAYMENT WITH THIS APPLICATION

Make checks payable to Marion Amateur Radio Club

Contact with question:

Max Russell KE8MFH

MARC Treasurer/ Secretary

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Ohio 43342

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