

SHARC Membership Application

(Application for use by the Sky High Amateur Radio Club, Inc., P.O. Box 572, Lecanto, FL 34460-0572)

Check Appropriate Boxes and PLEASE PRINT ALL INFORMATION

- I am a **Brand New Member** or my membership has been lapsed for 2 or more years.

- I am **Renewing** my current membership. For calendar year _____

APPLICANT (PLEASE PRINT ALL INFORMATION)

Applicant Name: _____ Amateur Call Sign: _____

License Class: _____ Date License Expires: _____

Occupation: _____ ARRL Member? Yes No ARRL Membership Expires: _____

Are you a VE Examiner? Yes No For ARRL? Yes No For W5YI? Yes No

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ - _____ e-Mail Address: _____ @ _____

Emergency Contact Person: _____ Phone: (_____) _____ .

FAMILY MEMBERS

Sign up my Family Members, who are residing at the same address as indicated above, as SHARC members too!

SHARC Family Members:

Name: _____ Call Sign: _____

Name: _____ Call Sign: _____

Name: _____ Call Sign: _____

DUES: Paid Annually. Membership period runs from January 1 to December 31 each calendar year.

- (Individual Membership) Licensed Amateur Radio Operator. **\$ 20.00**

- (Family Membership) Individual plus Family Members. **\$ 30.00**

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS SIGNED AND DATED BY THE APPLICANT.

Signature: _____

Date: _____

Call Sign: _____

Mail application along with your check or money order made payable to **SHARC. DO NOT SEND CASH!**

**Sky High Amateur Radio Club, Inc.
ATTN: Membership Chairman
P.O. Box 572
Lecanto, FL 34460-0572**

///// **FOR OFFICE USE ONLY** /////

- License Validated By: _____

- Membership Expires: 12 - 31 - _____