



SENECA RADIO CLUB
MEMBERSHIP APPLICATION

MEMBERSHIP TYPE / ANNUAL DUES (check one):

[] Full / \$12.00 [] Student Full / \$3.00 [] Senior Full / \$10.00 [] Life Full / 10 x Full
[] Associate / \$12.00 [] Student Associate / \$3.00 [] Senior Associate / \$10.00 [] Family / \$6.00

MEMBERSHIP INFORMATION:

NAME: _____ DOB: _____
CALLSIGN: _____ CLASS: _____ LICENSE EXPIRATION: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ UNLISTED: [] Y [] N
E-MAIL: _____ ARRL MEMBER: [] Y [] N

CIRCLE ALL THAT APPLY (OPTIONAL):

ACTIVE BANDS: 160M 80M 60M 40M 30M 20M 17M 15M 12M 10M 6M 2M 1.25M 70cm 33cm 23cm Other:

MODES: CW SSB AM FM RTTY Packet Pactor APRS SSTV ATV AMTOR PSK

Satellite EME QRP Spread Spectrum IRLP Echolink D-Star Other: _____

ACTIVITIES/INTERESTS: Contests Field Day DX Special Events Ragchew QSL'ing Kits Homebrew Vintage
Radio Antennas Foxhunts Hamfests Forums Mobile Repeaters Nets ARES RACES NTS Skywarn Elmering
Instructor

COMPLETE THE FOLLOWING IF YOU ARE APPLYING FOR A FAMILY MEMBERSHIP

SPOUSE _____ CALL _____ CLASS _____ EXP _____
CHILD _____ CALL _____ CLASS _____ EXP _____
CHILD _____ CALL _____ CLASS _____ EXP _____

By signing, I am requesting membership into the Seneca Radio Club and agree to abide by its Constitution and By laws
and any rules adopted. Furthermore, I agree to hold harmless the Seneca Radio Club, its Officers, members, and any
other individuals of the club from any action which may result in my death, injury, illness, and/or loss of property that I
may incur during any club function.

SIGNATURE: _____ DATE: _____

Present this application and the appropriate dues to the Secretary/Treasurer or mail it to the address listed
below. Make all checks payable to "Seneca Radio Club"

SENECA RADIO CLUB
ATTN: DEBORA WILKINSON
P.O. Box 67
Tiffin, Ohio 44883

Club Use Only

Dues\$: _____ Date Paid: _____ Cash [] or Check [] #: _____ Date Accepted:
_____ Date Rejected: _____ Date Dues Returned: _____