

LIVINGSTON AMATEUR RADIO KLUB (L.A.R.K.) Membership Signup Form

CALL: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE (OPTIONAL) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ BIRTHDAY: \_\_\_ / \_\_\_ /XXXX

ARRL MEMBER: Y \_\_\_ N \_\_\_ ARES: Y \_\_\_ N \_\_\_ RACES: Y \_\_\_ N \_\_\_

**\*\*\*\*\*IF YOU DO NOT WANT THIS INFO PUBLISHED INITIAL HERE: \_\_\_\_\_\*\*\*\*\***

FAMILY MEMBERS APPLYING:

CALL: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL PHONE (OPTIONAL) \_\_\_\_\_ RELATION: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LICENSE CLASS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ BIRTHDAY: \_\_\_ / \_\_\_ /XXXX

ARRL MEMBER: Y \_\_\_ N \_\_\_ ARES: Y \_\_\_ N \_\_\_ RACES: Y \_\_\_ N \_\_\_

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ARRL MEMBER: Y \_\_\_ N \_\_\_ ARES: Y \_\_\_ N \_\_\_ RACES: Y \_\_\_ N \_\_\_

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MEMBERSHIP DUES: \$25.00 PER YEAR (JAN 1 – DEC 31) FIRST MEMBER, \$5.00 EACH ADDITIONAL MEMBER.

TOTAL PAID: \$ \_\_\_\_\_

Livingston Amateur Radio Klub  
Howell, MI