



MEMBERSHIP APPLICATION

DUES PER YEAR - JANUARY 1 TO DECEMBER 31

\$25.00 for Individual \$30 for Family \$10 for Students

Mail application and dues payment to:

MPARC

P.O. Box 1121

Gloucester Point VA 23062

Make checks payable to MPARC and include name and call sign on check.
If paying through PayPal, bring this application to the meeting, mail it to the address above indicating that you have used PayPal, or email it to w4hzl@arrrl.net

DATE:

MEMBERSHIP TYPE: _____

CALL SIGN: _____

LICENSE CLASS: _____

NAME AS ON LICENSE: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ARE YOU AN ARRL MEMBER: YES NO

FAMILY MEMBERSHIPS WILL INCLUDE ALL LICENSED OPERATORS LIVING AT THE SAME ADDRESS

Please list all family members below:

NAME AS ON LICENSE: _____

CALL SIGN: _____ **LICENSE CLASS:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ARRL MEMBER: YES NO

NAME AS ON LICENSE: _____

CALL SIGN: _____ **LICENSE CLASS:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ARRL MEMBER: YES NO

NAME AS ON LICENSE: _____

CALL SIGN: _____ **LICENSE CLASS:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ARRL MEMBER: YES NO

MPARC USE ONLY	
Amount Paid:	Collected by:
Roster Updated:	