



Membership Application

Dues: \$25.00/Individual \$30/Family \$10/Student



Mail application and Dues Payment to:

MPARC

PO Box 1121

Gloucester Point, VA 23062

Make checks payable to MPARC and include name and call sign on check.

If paying through Pay Pal, bring this application to the meeting, mail it to the address above indicating that you have used Pay Pal, or e-mail it to w4hzi@arrl.net

Date:	Membership Type:	<input type="checkbox"/> Single	<input type="checkbox"/> Family
Primary Member's Call Sign	Year First Licensed:		
Class	<input type="checkbox"/> Extra	<input type="checkbox"/> Advanced	<input type="checkbox"/> General
	<input type="checkbox"/> Tech Plus	<input type="checkbox"/> Technician	<input type="checkbox"/> Novice
Name as on License			
Address			
City/State/Zip Code			
Phone Number			
Email Address			
ARRL Member	<input type="checkbox"/> Yes <input type="checkbox"/> No		

	Additional Family Member	Additional Family Member
Family Member's Call Sign		
Class:	<input type="checkbox"/> Extra <input type="checkbox"/> Advanced	<input type="checkbox"/> Extra <input type="checkbox"/> Advanced
	<input type="checkbox"/> General <input type="checkbox"/> Tech Plus	<input type="checkbox"/> General <input type="checkbox"/> Tech Plus
	<input type="checkbox"/> Technician <input type="checkbox"/> Novice	<input type="checkbox"/> Technician <input type="checkbox"/> Novice
Name as on License		
Phone Number		
Email address		
ARRL Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Additional Family Member	Additional Family Member
Family Member's Call Sign		
Class:	<input type="checkbox"/> Extra <input type="checkbox"/> Advanced	<input type="checkbox"/> Extra <input type="checkbox"/> Advanced
	<input type="checkbox"/> General <input type="checkbox"/> Tech Plus	<input type="checkbox"/> General <input type="checkbox"/> Tech Plus
	<input type="checkbox"/> Technician <input type="checkbox"/> Novice	<input type="checkbox"/> Technician <input type="checkbox"/> Novice
Name as on License		
Phone Number		
Email address		
ARRL Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MPARC USE ONLY

Amount Paid: \$ _____ collected by _____

Roster Updated: