



The Delaware Valley Ragchew Club
APPLICATION FOR MEMBERSHIP

{PLEASE PRINT}

Date : _____

Name : _____
(Last) (First) (Middle Initial) Callsign : _____
License Class: _____

Mailing Address : _____
(Street / P.O. BOX #)

(City) (State) (ZIP)

Phone : (_____) - _____ - _____ E-mail _____
(Area) (Number)

Type of Membership Requested: **(check one)**

Regular Membership ____ Annual Dues are \$24.00 payable in January (\$2.00 per month thereafter) Please also include \$6.00 initiation fee

Family Membership(2nd person) ____ (Please include additional \$12.00 payable in January (\$1.00 per month) \$6.00 initiation fee applies

Please enclose a check or money order made payable to: **The Delaware Valley Ragchew Club**

Associate Membership ____ (no fee)

Present Equipment in use: _____

Other Club affiliation: _____ ARRL Membership? _____

X _____

(please sign your name - do not print)

Send to: **DVRC**
PO Box 8813
Collingswood, NJ 08108-8813



Please enclose a photocopy of your license to expedite the processing of your application. Failure to do so may cause a slight delay in our procedure while we try to verify your license. Thank You.

Sponsor Name: _____ **Call Sign:** _____

----- **(For Club Use Only)** -----

Date Received - / /

Paid by: () cash () check # _____ () money order

Membership Committee's Recommendation - _____

Board's Action - _____ Date: / /