

# Key City Amateur Radio Club Membership Application

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Call Sign (if applicable): \_\_\_\_\_

Note: If applying for family membership; names of family member(s), call sign(s)(if applicable), phone number(s) and email address(es)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions:

1. Print out the Membership Application.
2. Sign & Date the completed application
3. Membership dues: Individual, \$15.00 per year; Family, \$20.00 per year
4. Bring completed application and check or cash to next club meeting or mail to:

Key City Amateur Radio Club  
P.O. Box 2722  
Abilene, TX 79604