Milwaukee Radio Amateurs' Club, Inc.

P.O. Box 26233
Milwaukee, WI 53226-0233

Membership/Renewal Application

Date _____ **Check One:** ☐ **Renewal** ☐ **New Member**

Name _____ **Callsign** _____

Spouse or Family member name _____ **Callsign** _____

1st Address _____

2nd Address _____

City _____ **State**_____ **Zip Code** _____

Telephone Contact Number _____

E-mail address_____

The MRAC newsletter is sent via email.

Membership Type Applied for (check only one)

☐ **Regular $20.00** ☐ **Family $20.00** ☐ **Associate $20.00** ☐ **Life (no charge)**

Applicants License Class
☐ **None** ☐ **Novice** ☐ **Technician** ☐ **Technician Plus** ☐ **General** ☐ **Advanced** ☐ **Extra**

Spouse or Family License Class
☐ **None** ☐ **Novice** ☐ **Technician** ☐ **Technician Plus** ☐ **General** ☐ **Advanced** ☐ **Extra**

ARRL member?
Applicant ☐ **Yes** ☐ **No**
Spouse/Family ☐ **Yes** ☐ **No**

Pay via PayPal option, send funds to: paypal@w9rh.org
Please include your callsign when sending funds!

For office use only: PT R C CK PP AMT_____ No._____ Date:_____ Membership Year: _____

Enclose a check for the appropriate amount and mail it to the address above.

Membership year runs from January 1 through December 31

Received from _____ ***Date*** _____

The Sum of $_____ ***Cash/Check #***_____

For **Milwaukee Radio Amateurs' Club dues**

_____
Signed