



Dade Radio Club of Miami, Inc.

PO BOX 835387
Miami, FL 33283

Application for Membership

Date: _____

Name: _____ Call Sign: _____

License Class: Technician General Amateur Extra

Address: _____ FL Zip: _____

Telephone: _____ Mobile: _____

Email: _____

Type of Membership: New Renew Regular (\$35) Family Membership (\$5.00 per additional family member)

Amateur Radio Activity (Check all that applies) -Phone -FM -SSB -CW -APRS
-ATV -HF -VHF/UHF -OTHER

Operations Membership: -ARRL -ARES -ARPSC -RACES

If accepted for membership in the Dade Radio Club of Miami, Inc. I agree to abide by the Charter and By-Laws of the Association, and to actively promote, support and participate in all meetings, classes, programs, contests and other such activities as the Club may sponsor or engage in, in so far as I am able, as a matter of personal responsibility to Club membership. I understand that my membership may be suspended and/or revoked for reasons of personal misconduct, violation of Federal Communications Commission regulations, or for acts which are detrimental to the amateur radio service, the Dade Radio Club of Miami, or for serious violation of the Club Charter and/or By-Laws.

Sign your application and return to treasurer, club officer, or mail to:
Dade Radio Club of Miami, Inc., PO BOX 835387 Miami, FL 33283

Signature of Applicant

Endorsing Member

Paid by: (Check one) -Check -Cash Amount Paid: _____