

**El Dorado County
Amateur Radio Club AG6AU
Membership Application**
http://www.edcarc.net
P.O. Box 451, Placerville, CA 95667

Member

New: _____ Renewal: _____

Name: _____

Call: _____ Class: N T G A E

ARRL Member: Y N

Spouse / Associate Member

Name: _____

Call: _____ Class: N T G A E

ARRL Member: Y N

Mailing Address

Street or P.O. Box: _____

City: _____

State: _____ Zip: _____

Phone Number: _____ Email: _____

Membership Requirements

I have attended two club functions and read the club by-laws and agree to abide by them. _____

Annual Dues

Member (\$15.00): _____ Spouse / Assoc. (\$7.50): _____ Total: _____ Date: _____

* Make checks payable to EDCARC

AG6AU Repeater Donation

Name: _____ Call: _____

Phone # for repeater auto-patch: _____ Home Cell Work

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Phone # for repeater auto-patch: _____ Home Cell Work

Mailing Address

Street or P.O. Box: _____

City: _____

State: _____ Zip: _____

Phone Number: _____ Email: _____

Donation

Suggested Amount \$25.00 \$ _____ Date: _____

*make checks payable to AG6AU Repeater fund