



New Members Only

Long Island Mobile Amateur Radio Club

New Members Only

Renewals pay the 12 month rate, regardless of the month you are renewing.

Joining between: Jan. – Apr. (12 mo.) May – Aug. (8 mo.) Sept. – Dec. next year (16 Mo.)

Reg.Member w/eLOG

Senior citizen w/eLOG

Student (full time)

Associate Member **

Add'l Family Member

=VWw YUbyk HWb]Wb UhU@-A 5F7 J9 gYg|cb`

OPTIONAL I would like to give a tax-deductible donation to The LIMARC Memorial/Education funds:

Donation amount: \$_____

Total Amount (Dues + Donation) \$_____

Please consider this my application for membership of LIMARC. I believe I can contribute to the operation of the club and wish to enjoy its many services. It is understood that my use of the club's repeaters will be in accordance with good amateur operating practice and club policy. I understand that I will be a Provisional Member, pending my approval at the next General Membership Meeting.

I further wish to state that I will abide by the By-Laws of LIMARC and that I have read and fully understand the repeater operating information that is posted at www.limarc.org.

| | | | |
|--|---------------|---|------------------------|
| Call | License class | Expiration date | Original call (if any) |
| First name | | Last name | |
| Address | | | |
| City (town) | State | Zip + 4 | Publish in Roster? |
| Home phone () | | | Publish in Roster? |
| Email address: | | | Publish in Roster? |
| Do you want a LIMARC email address (your callsign @ LIMARC.ORG) which will link to your above email address? | | | |
| ARRL Member? | | All memberships expire December 31st. | |
| Occupation (optional – will not be published) | | | |

*I accept the electronic Log as my official notice of all meetings. _____

Signature

Please return to: **LIMARC Membership**
PO Box 392
Levittown NY 11756-0392

PayPal: limarc@optonline.net

** Associate membership is for people who live outside the repeater coverage area and use the club repeaters infrequently.