



**RIVER CITY AMATEUR RADIO
COMMUNICATIONS SOCIETY
NEW MEMBER APPLICATION**

Date: _____

Amt Paid

Annual Membership Dues	\$20.00 \$	_____
Family Member at Same Address (each)	\$10.00 \$	_____
Optional Repeater Fund Donation	\$	_____

TOTAL PAYMENT ENCLOSED \$ _____

FIRST NAME: _____ **LAST NAME:** _____

STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

MAIL ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: (____) _____ **CELLULAR PHONE:** (____) _____

EMAIL ADDRESS: _____

BIRTH DATE: _____ **SPOUSE'S FIRST NAME:** _____

CALL SIGN: _____ **CLASS:** _____ **ARRL MEMBER?:** _____

NAME OF FAMILY MEMBER(S): _____

The club publishes a roster of the membership. Included will be the member's name, callsign, address, email, and phone number. This will be made available only to the **RCARCS** membership. If you wish to "opt" out or have any of the above information excluded from the published roster, please circle those items above.

**Return this form with check payable to: River City ARCS
Mail to: River City ARCS, PO Box 233692, Sacramento, CA 95823**

If you have any questions please contact:
Andy Stephens W6AWS - President at w6aws@arrl.net or (916) 903-6637
 or
Paul Grose N6DRY - Treasurer at pgrose@pacbell.net or (916) 427-5676

Do not write below this line – office use only

Date _____ Treasurer _____ Payment \$ _____ Check # _____ Cash \$ _____

Membership Chairperson _____ Roster _____ Membership Card _____ label _____