



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



AMT PAID

Annual Membership Dues \$20.00 \$ _____
 Family Member at Same Address \$10.00 \$ _____
 Optional Repeater Fund Donation \$ _____
TOTAL PAYMENT ENCLOSED \$ _____

Note: New members who join after August 31 of the year shall have the dues paid with the application also apply to the following years dues.

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

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

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

HOME PHONE: (_____) _____ **WORK PHONE:** (_____) _____

CELL PHONE: (_____) _____ **FAX:** (_____) _____

EMAIL ADDRESS: _____

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

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

If you are paying for a Family Membership please complete a separate application for each Family Member and submit both documents together.

NAME OF FAMILY MEMBER(S): _____

The club is planning on publishing a roster of membership. Included will be the **members name, email, call sign, class and home or cell phone number**. This roster will be available to members only and the information will not be made available to any other party. If you would not like any of the above information included please circle the items that you do not want included.

**Please return this form. Make all checks payable to: River City ARCS
Mail to: River City ARCS, PO Box 215073, Sacramento, CA 95821**

**If you have any questions please contact Glenn Gleason, Secretary, KG6LRX
At gleasong@surewest.net or (916) 480-0862**

Do not write below this line – office use only

Date _____ Treasurer _____ Payment \$ _____ Check # _____ Cash \$ _____
 Membership Chairperson _____ Roster _____ Membership Card _____ Label _____