

SMOKY MOUNTAIN AMATEUR RADIO CLUB

Membership Application

DATE OF APPLICATION _____

First Name - _____

Last Name - _____

Street- _____

City - _____ State - _____ Zip - _____

Phone number - _____

Email - _____

Personal Web page URL - _____

Call sign - _____ License Class - _____ Year Licensed - _____

Subscribe to Email Newsletter List: Yes _____ No _____

What is your Birthday? Month _____ Day _____. (NO YEAR)(Optional)

Do you want to join the SMARC Google group? Yes _____ No _____

What are your favorite Amateur Radio Activities? _____

Please print & submit this form to the Sec/Treasurer at the next meeting or mail with a check for \$25.00(Full Membership) or \$12.50(Youth Membership) or \$37.00(Family Membership), membership pro-rated quarterly from Jan. to Dec.

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