



Application for Membership

Silver Springs Radio Club Inc.

PO Box 787

Silver Springs, FL 34489

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES

NAME: _____ CALL SIGN: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE _____ LICENSE CLASS: _____ EXPIRATION DATE: _____

Please attach a copy of your current license to this application and your check in payment of the dues. Applications are held until the next monthly meeting of the Board of Directors for Board review. Your application will then be submitted to the membership for approval at the next scheduled club meeting. Board meetings are held on the first Tuesday of each month at Green Clover Hall in the Marion County Government Complex, just east of SE 25th Ave., Ocala beginning at 7:00 p.m. You may attend this meeting. All memberships are for the calendar year. All renewals are due in **January**. Dues for those joining the club after June 30 are one-half the annual dues.

Applicant: Please check one of the following:

_____ Regular (voting) member \$25.00 per year—must hold **valid** amateur license.

_____ Associate (Non-voting) \$15.00 per year—must have an interest in amateur radio but not hold a license.

_____ Family (Voting) \$35.00 per year—include all licensed amateurs living in the same house

If accepted for membership I will abide by the Articles of Incorporation and the By-Laws of the Silver Springs Radio Club Inc.

Signature: _____ Date: _____

Applicant: Please complete the following questionnaire:

- 1) Do you belong to the ARRL? ___Yes ___No Would you like information on ARRL? ___Yes ___No
- 2) Do you belong to ARES? ___Yes ___No Would you like some information on ARES? ___Yes ___No
- 3) Do you belong to SkyWarn? ___Yes ___No Would you like information on SkyWarn? ___Yes ___No
- 4) Do you belong to MERT? ___Yes ___No Would you like information on MERT? ___Yes ___No
- 5) What parts of the hobby do you like the most?

<u>HF</u>	<u>VHF/UHF</u>	<u>Digital/DStar</u>	<u>Emergency Power</u>
Base_____	HT_____	HT_____	Generator_____
Mobile_____	Mobile____	Mobile_____	Battery___ Solar_____
Portable antenna_____	Portable antenna_____	Portable antenna_____	Other: _____

- 6) List foreign languages in which you are proficient;_____
- 7) Are you trained in CPR? ___Yes ___No If yes, do you have a current card? ___Yes ___No
- 8) List any medical training you have received:

- 9) Can you operate under emergency power from your station? ___Yes ___No

10) What else would you like the Board to know about you, e.g., any special skills or interests?
Please describe your capabilities:

11) Please select those areas or events you would be interested in:

Field Day_____	Bike-a-thons_____	Walk-a-thons_____	March for Babies_____
Net Control_____	Event Chair_____	Other _____	

THANK YOU FOR YOUR INTEREST IN THE SILVER SPRINGS RADIO CLUB

Date Received_____ Copy of license_____ Added to roster _____ Follow up support _____

Approved for recommendation ___Yes ___No

Comments:

