

LOWELL AMATUER RADIO CLUB

W8LRC Suite 112
11535 E. Fulton st.
Lowell, MI 49331

Application for membership/renewal

Application Date: _____

New Member ___ Y / N ___

Renewing Member ___ Y / N ___

**Call sign: _____

Name: _____

Phone: _____ (optional)

Email: _____ (optional)

Subscribe to email list?: ___ Y / N ___

ARRL Member?: ___ Y / N ___

at least 50% of LARC members need to be ARRL members to retain the clubs affiliation with the ARRL

Have read and accept LARC By-Laws:

signature: _____

Membership/ renewal approved by committee? ___ Y / N ___

Membership level (Full) (Associate)

Committee chair signature. _____

Date: _____

Membership effective next business day following approval.

**See By-Laws for membership level and privileges.