



**MEMBERSHIP APPLICATION
DELTA AMATEUR RADIO CLUB (D.A.R.C.)
P.O. Box 390 Delta Junction, AK 99737**

Please complete the following information (write legibly)

Membership Type: Full Associate (please circle one)

Full Name: _____

Call Sign: _____

Address: _____

Email: _____

Phone: _____

Radio Equipment (please describe/modes/freqs):

HTs: _____

Xcvrs: _____

Mobile: _____

Emergency Capable or Deployable? Y/N

VEC/EC/Instructor? Y/N VEC Org: _____

ARRL Member? ARRL # _____

-----OFFICE USE-----

Date Joined: _____ Dues Paid / Date: _____

Committees / Sections: _____

Position: _____