



# Chicago FM Club Membership Application

Full Name:		
Call Sign:	License Class:	
Email:	Phone:	
Street Address:		
City:	State:	Zip:
Do you want your Email Address to appear in the Club Roster? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want your Phone Number to appear in the Club Roster? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of Membership are you applying for:  <input type="checkbox"/> \$30 - Full Member (Unlicensed Members have No Voting Rights) <input type="checkbox"/> \$20 - Student Member (18 yrs of age or less or Full Time Student) <input type="checkbox"/> \$20 - Senior Members (65 yrs of age or more) <input type="checkbox"/> \$20 - Disabled Member (Persons with Disabilities)		
<i>Enter the Call Sign of two Sponsors below; Sponsors may be any CFMC Net Control Operator</i>		
Sponsor #1	Sponsor #2	
By submitting this application, I agree to abide by the CFMC Constitution, Bylaws and Operating Principles. Print and Sign, or Digitally Sign:		
<i>Complete this form completely and Email to <a href="mailto:wa9orc@gmail.com">wa9orc@gmail.com</a>, or present it to any CFMC Officer at a meeting or event. Membership is granted after receipt of Payment of Dues.</i>		
Membership Accepted on this Day:		
President:	Secretary:	