



# Chicago FM Club

## Membership Application

New Member <input type="checkbox"/>	Renewal <input type="checkbox"/>	Roster Update <input type="checkbox"/>
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<b>Contact Information</b>
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Full Name:		Date:
Call Sign:	License Class:	ARRL Member? <input type="checkbox"/>
Email:		Phone:
Street Address:		
City:	State:	Zip:

<b>Privacy Options</b>
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Do Not Publish my Email Address in the Club Roster  <input type="checkbox"/>	Do Not Publish my Phone Number in the Club Roster  <input type="checkbox"/>	I Do Not wish to receive the Squelch Tale via Email  <input type="checkbox"/>
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Emergency Contact information is OPTIONAL and CONFIDENTIAL and is only accessible to Officers of CFMC

Emergency Contact:	Contact Method:
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<b>Membership Information</b>
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<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)
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Payment Method:	CFMC Member Since:
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<b>New Members Only</b>
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*Enter the Call Sign of two Sponsors below; Sponsors may be any CFMC Net Control Operator*

Sponsor #1	Sponsor #2
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By submitting this application, I agree to abide by the CFMC Constitution, Bylaws and Operating Principles.

Print and Sign, or Digitally Sign:

*Complete this form completely and Email to [wa9orc@gmail.com](mailto:wa9orc@gmail.com), or present it to any CFMC Officer at a meeting or event. Membership is granted after receipt of Payment of Dues.*

Membership Accepted on this Day:

President:	Secretary:
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