



Short Mountain Repeater Club

Membership Application

Call Sign: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (C) _____

E-Mail: _____

ARRL Member: YES _____ No _____ Exp. Date: _____

Dues are prorated depending on yearly quarter; please select the membership for the current quarter.

Membership Requested (circle one)				
	Single	Family	Associate	Patron
Jan-Feb-Mar	\$25.00	\$35.00	\$10.00	\$10.00
Apr-May-Jun	\$22.50	\$32.50	\$10.00	\$10.00
Jul-Aug-Sep	\$20.00	\$30.00	\$10.00	\$10.00
Oct-Nov-Dec	\$17.50	\$27.50	\$10.00	\$10.00

Treasurer: Date Paid _____ Amount: _____ Cash/Check# _____

Please make checks payable to:

Special Interests: _____

Short Mountain Repeater Club
P.O. Box 31
Christiana, TN 37037

Thanks for becoming a SMRC member!