



The Lancaster & Fairfield County Amateur Radio Club  
**Membership Application**  
 LFCARC, PO Box 3, Lancaster, OH 43130-0003  
 www.k8qik.org



Name: \_\_\_\_\_ Call sign \_\_\_\_\_ License Class \_\_\_\_\_  
Last First MI

Date of birth \_\_\_\_\_ Spouses name \_\_\_\_\_ Call \_\_\_\_\_  
mm/dd/yyyy

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Are you an ARRL member?

Yes, my membership expires on \_\_\_\_\_ mm/dd/yyyy

No     I would like information please

How long have you been a Ham operator? \_\_\_\_\_

May we distribute your telephone number within the club roster,  
 Newsletter or other club related literature when required?  
 Yes     No

Have you ever been convicted of a criminal offense?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**First year membership FREE**  
 Annual dues Regular \$25.00;  
 under 18 \$12.00;  
 Associate \$15.00;  
 65 and, over \$12.00.  
 Additional licensed family members may apply for  
 membership at no additional charge, when one licensed  
 adult, regular member is on file with the LFCARC.

I herewith make application for membership in The Lancaster & Fairfield County Amateur Radio Club. I agree to abide by the Constitution and Bylaws, which will be provided to me if I am accepted as a member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail your application with the appropriate fee (check or money order) to: LFCARC, PO BOX 3, Lancaster, OH 43130-0003. If application is being presented during a regular club meeting, a cash payment will be accepted for annual dues. Applications will not be processed if incomplete. Applications may not be reviewed/approved until the second or subsequent regular club meeting Application will not be acted upon until payment is made.

*For Official Use Only*

Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_ Type \_\_\_\_\_ Fees Paid \_\_\_\_\_  
 \_\_\_\_\_ Roster    \_\_\_\_\_ ID    \_\_\_\_\_ Club Information