

# Minuteman Repeater Association, Inc. • P.O. Box 669 • Stow MA 01775-0669

*a non-profit organization providing communications infrastructure and volunteers for community and emergency events*

## Membership Application

Check One:     New             Renewal

Check One:     Individual Membership (Dues: \$25/year)     Family Membership (Dues: \$35/year)

If Family Membership, please list other family members:

Name: _____	Callsign: _____	Class of License: _____
Name: _____	Callsign: _____	Class of License: _____
Name: _____	Callsign: _____	Class of License: _____
Name: _____	Callsign: _____	Class of License: _____

I hereby apply for membership in the MINUTEMAN REPEATER ASSOCIATION, INC. I agree to abide by the rules and regulations of the Association as stated in the bylaws and understand that acceptance of this application entitles me to all rights and privileges of membership as provided under the bylaws.

Name: \_\_\_\_\_ Callsign: \_\_\_\_\_ Class of License: \_\_\_\_\_

Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Circle Type: Home Work Mobile

Secondary Phone: \_\_\_\_\_ Circle Type: Home Work Mobile

Email Address (required to receive all club communications and newsletter):

Optional Information: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Member of the ARRL? \_\_\_\_\_

Other Clubs? \_\_\_\_\_

Bands and Modes you operate. Please check all that apply:

	HF	10m		6m		2m		222		440		902+
		FM	CW/SSB	FM	CW/SSB	FM	CW/SSB	FM	CW/SSB	FM	CW/SSB	
Base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable(HT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I can and am willing to assist/serve the Association and/or help maintain the Repeaters in the following ways:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Antennas                 | <input type="checkbox"/> Legal Aid       | <input type="checkbox"/> Refreshments        |
| <input type="checkbox"/> Association Officer      | <input type="checkbox"/> Medical Aid     | <input type="checkbox"/> Repeater Control Op |
| <input type="checkbox"/> Board of Directors       | <input type="checkbox"/> Meeting Setup   | <input type="checkbox"/> Social Events       |
| <input type="checkbox"/> Education                | <input type="checkbox"/> Meeting Speaker | <input type="checkbox"/> Special Projects    |
| <input type="checkbox"/> Emergency Comms          | <input type="checkbox"/> Net Control     | <input type="checkbox"/> Tech Library        |
| <input type="checkbox"/> Equipment Construction   | <input type="checkbox"/> Newsletter      | <input type="checkbox"/> Tech Committee      |
| <input type="checkbox"/> Equipment Transportation | <input type="checkbox"/> Public Service  | <input type="checkbox"/> Volunteer Examiner  |
| <input type="checkbox"/> Field Day                | <input type="checkbox"/> Publicity       | <input type="checkbox"/> Website             |
| <input type="checkbox"/> Grant Writing            | <input type="checkbox"/> Radio Shelters  |  |