

Application for Membership
Highline Amateur Radio Club

www.HighlineARC.org

NC7G@highlinearc.org



ARRL Member: Yes ___ No ___ Application: Initial ___ Renewal ___

CALL _____ Class _____ Expires _____

Name _____

Address _____ No. _____

City _____ State _____ Zip _____

Phone Home _____ Cell _____

Email _____

Include your details in the club roster? Phone Yes__ No__ Email Yes__ No__ Address Yes__ No__

Membership fee due April 1st is **\$20 (12 months)**. New member fees are prorated per month to March 31st

Interests	Training	My Station	Club Activities
<input type="checkbox"/> HF CW/SSB	<input type="checkbox"/> Teach Classes	<input type="checkbox"/> HF	<input type="checkbox"/> Meeting Programs
<input type="checkbox"/> HF Digital	<input type="checkbox"/> Attend Class	<input type="checkbox"/> VHF/UHF	<input type="checkbox"/> Field Day (June)
<input type="checkbox"/> VHF/UHF FM	<input type="checkbox"/> Public Service	<input type="checkbox"/> Packet	<input type="checkbox"/> Attend/Operate
<input type="checkbox"/> Satellite	<input type="checkbox"/> Code	<input type="checkbox"/> APRS	<input type="checkbox"/> Setup/Cleanup
<input type="checkbox"/> SSTV/ATV	<input type="checkbox"/> VE	<input type="checkbox"/> Hand Held	<input type="checkbox"/> Contest/Events
<input type="checkbox"/> Public Service		<input type="checkbox"/> Repeaters	<input type="checkbox"/> Net Control
<input type="checkbox"/> Emergency Response			

Release and Indemnity Agreement

I state that I wish to participate in activities offered by the Highline Amateur Radio Club (CLUB). I RECOGNIZE THAT ANY CLUB ACTIVITIES MAY INVOLVE CERTAIN RISKS. I certify that I am aware of the risks involved in this activity, including but not limited to, the actions of any other club member, any participants or any other persons all of which may result in personal injury, death, property damage, and other losses.

IN CONSIDERATION FOR THE RIGHT TO PARTICIPATE IN CLUB ACTIVITIES, I HEREBY RELEASE THE CLUB AND ITS INSTRUCTORS AND MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSE OF ACTION ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN ANY CLUB ACTIVITY. I PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH THESE ACTIVITIES, AND FURTHER AGREE TO INDEMNIFY THE CLUB AND ITS MEMBERS AND INSTRUCTORS FROM ALL LIABILITY, CLAIMS, AND CAUSES OF ACTION WHICH I MAY HAVE ARISING FROM MY PARTICIPATION IN CLUB ACTIVITIES. THE ITEMS OF THIS AGREEMENT WILL SERVE AS A RELEASE AND INDEMNITY AGREEMENT FOR MY HEIRS, PERSONAL REPRESENTATIVE, AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING MINORS.

I further state that I am eighteen (18) years of age or older and legally competent to sign this release, that I understand these terms are contractual and not a mere recital, and that I have signed this document of my own free act. Parents or legal guardians must sign for all persons under eighteen (18) years of age.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS MEANING BEFORE SIGNING THIS CONTRACT.

Signature _____ Date _____

Guardian _____ Date _____