

The Mo-Kan Council of Amateur Radio Clubs, Inc.
Application for Membership

ARRL Affiliated Organization: _____
Yes / No

Date of Application: _____
Month / Day / Year

Organization Name: _____
If incorporated, please list your legal name, if not incorporated, please list the name the organization is best known as.

Date Organization Was Established: _____ **Number of Current Members:** _____
Month / Year Current Members as of the Date of This Application

Organization Description: _____

List Your Organization's Specialty, Focus, Mission Statement, Goals, or Objectives. (Use Additional Page if Necessary.)

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Delegate or Representative Name: _____
Name of Individual Person

Delegate or Representative Email: _____
Example: xyz1234@abcdxyz.com

Delegate or Representative Telephone: _____
Example: (123) 555-1212

Presiding Officer's Name: _____
President, Chairman, Director, Head Hondo, Grand Puba, or H.B.I.C.

Officer's Email: _____
Example: xyz1234@abcdxyz.com

Officer's Telephone: _____
Example: (123) 555-1212

As presiding Officer, I am requesting membership to The Mo-Kan Council of Amateur Radio Clubs, Inc. and certify that my organization has approved of by vote or acclamation for our organization to be a member of The Mo-Kan Council of Amateur Radio Clubs. I hereby appoint the above named Delegate to speak for and to vote on behalf of our organization at all matters before The Mo-Kan Council of Amateur Radio Clubs, Inc .

Presiding Officer:

Date:

Revised 16APR2019