



## Mingus Mountain Repeater Group Inc.

**% Bob Sitterley K7POF Acting Treasurer**

**171 Caliche Drive**

**Chino Valley, AZ 86323**

**928-308-1164 k7pof@yahoo.com**

Fill out this form with as much information as you can. Remember you can add family members residing in the same household at no additional cost.

Membership rates are as follows:

\$20.00 per year, due prior to July 1<sup>st</sup>. Membership runs from July 1<sup>st</sup> to June 30<sup>th</sup>.

In the event you apply during the member year, the membership rate Will be pro-rated at \$1.75 per month

Call sign: \_\_\_\_\_ Expires : \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you want your phone number listed on the membership roster: Yes  No

Do you want your email address listed on the membership roster: Yes  No

Do you want your email address listed on the web site roster: Yes  No

Additional Family Members (included at no additional cost):

Name	Relationship	Call
_____	_____	_____
_____	_____	_____

Would you be willing to help with Club Activities? Yes  No  Please List areas of interest:

Send dues and membership Application to the address listed above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official use Only

Date received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_