



Please visit us on the web at www.nccc.cc

Application for Membership

Please complete and sign the form and send with payment to:

Joanna Dille, K6YL; PO Box 399; San Carlos, CA 94070

Which Member Class?

Full ___ Family ___ Student ___ Associate ___

Name used on the air: _____

Call Sign: _____

Full Name: _____

Other call signs _____

(First) (Initial) (Last)

(past and present): _____

Address _____

City, State, Zip _____

Telephone (For Roster): _____

E-mail Address _____

First time joining NCCC as a member? ___ Y ___ N

If No, specify last active year as a NCCC member _____

License Class: _____ Years Licensed: _____

Member ARRL? ___ Full-Time Student? ___

I hereby apply for membership in the NCCC and certify that I am qualified for the membership class indicated. I agree to abide by the By-Laws of the NCCC and to notify the Secretary-Treasurer of any change in my membership status.

Signature: _____ Date: _____

Nominated By:

Name: _____ Call Sign: _____ Date: _____

Name: _____ Call Sign: _____ Date: _____

Name: _____ Call Sign: _____ Date: _____

Brief description of station: _____

Describe contest interests: _____

Contest experience and awards: _____

Favorite Contests: _____

Other comments: _____

Do you wish to order an NCCC badge (cost \$20)? ___ Y ___ N

Name _____ and Call Sign _____ to appear on badge.

Dues Schedule (voluntary): Please circle the \$ amount. For example: **Full Member** joining in Dec = **\$18.00**.

Month Joined	Full Member	Family, Student, Associate		Dues Paid	Badge ? (add \$20)	Total Paid
Jul 1 to Sept 30	\$24.00	\$12.00				
Oct 1 to Dec 31	\$18.00	\$9.00				
Jan 1 to Mar 31	\$12.00	\$6.00				
Apr 1 to Jun 30	\$6.00	\$3.00				