

NFMRA

Membership/Renewal Application

NAME _____ CALLSIGN: _____

STREET ADDRESS _____

CITY, STATE, ZIP _____, _____

TELEPHONE (_____) _____ CELL (_____) _____

EMAIL _____ Signature _____

AFFILIATIONS—Circle “Y”/“N” or write-in any that apply

Emergency Services: **ARES** Y / N **CERT** Y / N **MARS** Y / N
RACES Y / N **RED CROSS** Y / N **ARRL** Y / N Other: _____

Organizations/Clubs: _____

Other (Fire, Police, etc.): _____

REPEATERS & AFFILIATES IN OUR SYSTEM—Please check those you use:

	OFTEN	OCCASIONALLY	NEVER
146.88—Killington VHF			
147.09—Newfane VHF			
224.96—NE Mt, Wells 220			
444.55—Killington UHF			
444.65—Monkton UHF			
444.70—Newfane UHF			
444.60—Graniteville UHF			
448.125—Ascutney UHF			
444.05—Equinox UHF			
449.125—Burk UHF			
447.175—Mansfield UHF			
UHF PACKET—Monkton, Killington			

ANNUAL DUES: **\$10 Individual** ____ **\$15 Family** ____ **Donation: \$** ____ **Total: \$** ____
Membership year runs from October to October

Additional donations for Equipment Maintenance & Repair are much appreciated. Thank you!

MAIL Application and Check (payable to “NFMRA”) to:

Robin Conway, N1WWW
479 Totttingham Road
Shoreham, VT 05770

*Application and/or Membership does not grant the applicant or member any special privileges, rights, or access to the NFMRA system.
Membership can be revoked at any time for any reason by a majority vote of NFMRA officers.
NFMRA reserves the right to deny individuals the use of this system.*