P.O. Box 20661, An Amateur V	Communications Clu El Sobrante, CA 94 VHF/UHF Repeater Profit Service Club	820-0661 Croup
Date:		
Family Mer	mbership Applicatio	on
4C Member:		Call Sign:
Family Member:		
Last Name	First Name	
A.K.A Call Sign	I	License
Email		
Address	City/St	Zip
Home Ph	Work/ Cell	
Packet ARRL member	Sp	ouse Name
Do <u>NOT</u> publish $\Box$ Adddress $\Box$ Home	□ Work □ Ce	ll 🗆 Email
The Communicator newsletter is sent as a	.pdf file via 3-mail	to each member/family.
If you do not have internet access <i>The Con</i> hard copy.	<i>nmunicator</i> can be	sent by mail. $\Box$ Please send
Family Membership Annual Dues = \$20.0	0	
Send check* payable to CCCC, Inc. along to:	with completed app	olication and photo copy of license
Contra Costa Communication Club, Inc		

P.O. Box 20661

El Sobrante, CA 94820-0661

In placing this application for family membership in CCCC, Inc., I agree to keep confidential all control codes and other data furnished to me by the club as confidential, in order to comply with and maintain security of "control" as required by the F.C.C. I recognize the obligation of the club and the club Trustee to the F.C.C. and California State Corporations Codes. I agree to cooperate with the club Board of Directors and club Trustee in matters of operating policy in order to maintain the integrity of the club station license. I agree to abide by the constitution and bylaws of the corporation. I understand club membership ends automatically with license expiration. I understand the license suspension or revocation by the FCC will result in cancellation of club membership with no refund of moneys paid to the club.

<u>I have read and agree.</u>  $\square$  Please check box.

Signed	Date
Family Member Signature	
Signed	Date

Member Signature (For Youth membership responsible adult must also sign.)

\*Return check fees apply

Note: For Memberships beginning after July 1 the first year Annual Dues are 50% of the above.