ATLANTIC COAST UNITED RADIO ASSOCIATION
Membership Application

Name: _____ **Occupation:** _____

Address:
_____
_____

Phone: (_____) _____ - _____ **Email:** _____

Emergency Contact or Parent/Guardian if under 18:

Contact/Parent Name: _____ **Phone:** (_____) _____ - _____

If you possess an Amateur and/or GMRS license, please list call sign(s) below:

Amateur Radio Call Sign: _____ **GMRS Call Sign:** _____

If you possess any special skills or experience related to radio systems and/or electronics, please list below:
_____
_____
_____

Please list any ACURA members who you know:
_____
_____
_____

Please list any other community organizations in which you are a member:
_____
_____
_____

Do you have any prior non-expunged convictions or pending charges for any indictable crimes in this State or any other State? Yes No ***A "yes" answer is not an automatic disqualifier; the Membership Committee will speak with you to determine your suitability for the club.***

Acura is an equal opportunity social organization that does not discriminate by gender, race, ethnicity, creed, religion and/or sexual orientation.

I affirm that, if accepted for membership, I will read and comply with the By-Laws of ACURA.

Signature: _____ Date: _____ / _____ / _____

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For Use By Membership Committee

Date Reviewed: _____ / _____ / _____ Recommended for Membership: Yes No

Reason(s) for denial:

_____

_____

_____

_____