

Membership Application

Lincoln County Auxiliary Communications Association Membership Application

Introduction: Thank you for your interest in joining the Lincoln County Auxiliary Communications Association (LCACA). As an amateur radio club dedicated to emergency communications, we are always looking for enthusiastic members who are committed to serving our community. Please fill out the application below.

Membership Application Form:

Personal Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

FCC Callsign: _____

License Class:

Technician

General

Extra

Other: _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Additional Information:

Previous Experience with Emergency Communications (if

any): _____

Why do you want to join LCACA?

Terms and Conditions: By submitting this application, I acknowledge that my membership in the Lincoln County Auxiliary Communications Association is voluntary, and I may terminate it at any time. I understand that dues may be required in the future as determined by the board.

Applicant Signature:

Signature: _____

Date: _____

For LCACA Board Use Only:

Board Approval Signature: _____

Date:

Submission Instructions: Please submit your completed application to any LCACA board member or send it via email to [LCACA's official email address].

Thank you for your interest in the Lincoln County Auxiliary Communications Association. We look forward to working with you to support our community through amateur radio auxiliary communications.

This form is designed to be clear and comprehensive, collecting all necessary information while ensuring the applicant understands the nature of their membership and the possibility of future dues. The inclusion of a board approval signature ensures that all applications are reviewed and approved by the association's leadership.