



MEMBERSHIP APPLICATION
TITUSVILLE AMATEUR RADIO CLUB
P.O. BOX 73
TITUSVILLE, FLORIDA 32781-0073

ANNUAL CLUB MEMBERSHIP DUES ARE COLLECTED IN JANUARY and are pro-rated quarterly when new members join throughout their first year. PRIMARY membership dues are \$30.00 per year. FAMILY membership is an additional \$10.00 per person, per year if living at the same residence.

Select Membership Type and complete ALL information. Sign and date.
Submit with your dues. Make checks payable to K4KSC Inc.

Primary Member _____ \$ 30.00
Family Member _____ \$ 10.00
Life Member _____ \$ 0.00

Primary Member CALL SIGN: _____

NAME: _____ CALL SIGN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Mobile): _____ (Home): _____

EMAIL: _____

NOTE: Our club officers may record audio of each business meeting to ensure we have an accurate account for our records. Please keep this in mind when attending meetings.

Use of your photographic image on social media and club publications:

Our club actively publishes photographs of club events on social media (Facebook, X, Instagram, and others) and in our club newsletter. Your signed membership application grants your permission to use your image at club events and on social media or other club promotional publications.

If you do not wish to appear in photographs or media, it is your responsibility to inform the photographer at the time and to step aside from group photos. While the club will make reasonable efforts to honor such requests, it cannot guarantee exclusion from all candid or background images.

Waiver of Liability

I, the undersigned, do hereby make an application for membership or renewal of said application into the K4KSC Inc \ Titusville Amateur Radio Club. I hereby agree to abide by all the rules and regulations set forth in the Bylaws of K4KSC Inc \ Titusville Amateur Radio Club.

I understand that my participation in any club sponsored activity is purely voluntary. I agree to hold K4KSC Inc \ Titusville Amateur Radio Club harmless for any and all liability for any injuries including death, which I might sustain while participating in activities associated with the organization.

SIGNATURE: _____ DATE: _____

All applicants, if under 18, Parent or Guardian SIGNATURE: _____