

McMAC Membership Application Form

Name _____
Address _____
Telephone () _____ Cell () _____
Email _____ DOB ___/___/___ AMA # _____
Active Radio Channels _____

PAYMENT:

Initiation Fee (\$25.00) _____
Regular Membership (\$12.50) _____
Other _____

Total: _____

Make Check payable to McMAC
Mail check to John Harkness, McMAC Sec/Treas,
115 Turman Dr NW, Riner, Va 24149

PAID

Signed _____

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