Maryland F. M. Association, Inc.

Application for Membership

USE FOR CORRECTIONS or (attach old mailing label)

Call _____

Name _____

Address _____

City/State_____ Zip_____

Type of Membership

( ) RENEW ($10.00 per year) for _____year(s)

( ) NEW ($10.00 for 1 year, before June 1)

( ) NEW ($5.00 for ½ year, after June 1)
(Regular dues year = 1 Dec. to 30 Nov.)

I,_____, hereby apply for (or renew) FULL membership in the MARYLAND F.M. ASSOCIATION, INC. I understand that if accepted to membership, I agree to be bound by the provisions of the Bylaws and any amendments thereto which now exist, or may be made in the future and that I will not hold the Corporation responsible in any way for any injuries or damages which I may incur through membership.

PROXY:

In my absence, I hereby authorize any member of the Board of Directors to cast an Abstaining vote on each item of business brought before the membership at any meeting of the membership. In the event that I may desire to cast a specific vote of may preference, in lieu of the aforesaid abstention.

Signature _____ Date _____

Note: the following information is not made available to the general membership

Home Phone ( )_____ Work Phone ( )_____

Occupation (if you wish) _____

E-mail Address _____

Type of License _____ Expires _____ Years Licensed _____

What bands do you use to access our repeaters? 2meters____220mhz ____440mhz____

Please return the completed application and payment to:

MARYLAND F.M. ASSOCIATION, INC
P.O. BOX 351
HANOVER, MD. 21076

**** Make checks payable to MFMA or Maryland F. M. Association, Inc.

(The check will be your receipt for your donation.)