

Metropolitan Coordination Association, Inc. – MetroCor

305-12 Knickerbocker Avenue Bohemia, NY 11716

Membership Application/Data Sheet

Sponsor, Club or Organization Information

Please Print Neatly or Type

Sponsor, Club or Organization Name _____
Callsign _____ Expire Date ___/___/___ License Class _____ First Issued ___/___/___
Mailing Address _____
City _____ State ___ Zip Code _____ - _____
Borough, Township, etc. _____ County _____ Region _____
Org. Phone _____ Org Fax _____ Org Packet Address _____
Org EMail _____ Org Web Site _____ ARRL Affiliated Member Yes No

Primary Contact Information

First Name _____ MI ___ Last Name _____ Birth Year _____
Callsign _____ Expire Date ___/___/___ License Class _____ Year First Licensed _____
Position _____ Mailing Address _____
City _____ State ___ Zip Code _____ - _____
Borough, Township, etc. _____ County _____ Region _____
Home Phone _____ Home Fax _____ Cell Phone _____
Work Phone _____ Work Fax _____ Pager _____ Alt. Phone _____
EMail _____ Web Site _____
Packet Address _____ ARRL Member Yes No
Positions Held _____
Other Interests and Hobbies _____

Secondary Contact Information

First Name _____ MI ___ Last Name _____ Birth Year _____
Callsign _____ Expire Date ___/___/___ License Class _____ Year First Licensed _____
Position _____ Mailing Address _____
City _____ State ___ Zip Code _____ - _____
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Home Phone _____ Home Fax _____ Cell Phone _____
Work Phone _____ Work Fax _____ Pager _____ Alt. Phone _____
EMail _____ Web Site _____
Packet Address _____ ARRL Member Yes No
Positions Held _____
Other Interests and Hobbies _____

Signature: _____ Callsign: _____ Date: _____