



**Gloucester City Amateur Radio Club, NJ2GC**

**Membership Application Form**

**Name:** \_\_\_\_\_

**Call Sign: (leave blank if none):** \_\_\_\_\_

**Mailing Address:**  
**(Apt #, Box #, Street)** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Email Address(s):** \_\_\_\_\_

**Home phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**License Class:** \_\_\_\_\_ **ARRL Member:** \_\_\_\_\_

**List other radio organizations you are a member of (optional):**

\_\_\_\_\_

**Can your home station be operated without commercial power  
(consider HT)** \_\_\_\_\_

\_\_\_\_\_

For Club Secretary: Date form received: \_\_\_\_\_ Date approved: \_\_\_\_\_

Form NJ2GC0011029 (no variation or alteration of this form will be accepted)