

NIH RADIO AMATEUR CLUB

Application for Membership/Renewal

Instructions: Fill out and return to: National Institutes of Health
Check One: New Radio Amateur Club
Renewal c/o Bldg. 13, Room G-903
Bethesda, MD 20892-5705

Check One: Affiliate
Full

Name _____ Callsign _____ Class of Lic. _____

Mailing Address _____ Home Phone _____
(NIH or Home) _____

E-Mail Adx. _____

Employment: _____ Bus. Phone _____

PHS Corps? DMAT Member RACES/ARES Member?

On what bands and modes are you active? _____

Equipment: _____

Please indicate what amateur radio projects interest you:

I am often available on: weekdays evening weekends

I am interested in helping NIHRAC fulfill its goal of providing communications support for the National Institutes of Health and the community. I understand that I may be asked to serve as a radio operator under emergency conditions.

Acceptance of this application is subject to a majority vote of NIHRAC members at a scheduled meeting.

The statements made hereon are for the exclusive use of the NIH Radio Amateur Club and will not be released to others.

NIHRAC Dues for Full Members are \$5.00 for two years. Full membership is available to those who hold an NIH or PHS ID card. Affiliates do not pay dues.

Send dues to the address above or give to the NIHRAC Secretary/Treasurer. I am enclosing \$ _____ cash , check .

Signature _____ Date _____

(New Affiliate Member applicants should also sign an Agreement form.)

(over)

rev:01-09-02

**AGREEMENT FOR USE OF THE NIH
RADIO AMATEUR CLUB EMERGENCY
COMMUNICATIONS CENTER (ECC)**

I, _____, hereby agree, in consideration for NIH granting me use of the NIH Radio Amateur Club Emergency Communications Center, that:

(1) I will abide by all applicable DHHS and NIH regulations and requirements governing conduct in Federal Facilities, including all safety regulations and procedures.

(2) I will use all equipment in a responsible, customary and safe manner, and in accordance with FCC regulations; and will report promptly to the President or Vice President of NIHRAC any damage or breakage, and agree to repair or replace, at my expense and upon request of the President or Vice President, any equipment damaged due to my abuse.

(3) My services are voluntary and uncompensated; I understand that this Agreement does not imply in any way an employee-employer relationship between NIH or NIHRAC and myself; therefore, in the event of personal injury or death, or damage to my personal property in my custody, NIH incurs no additional responsibility or liability toward me beyond that which would exist for any member of the general public while on NIH property or affected by an NIH activity, I will make every effort to report to the Director, Division of Safety, any accident occurring in or around the NIHRAC ECC involving me, using NIH accident reporting procedures.

(4) Unless otherwise authorized as an NIH employee, I may not sign requisitions for supplies or equipment, transportation requests, or obligate NIH in any manner whatsoever.

(5) Any infraction of any provision of this Agreement will result in denial of further access to NIH facilities and may also result in expulsion from the NIH Radio Amateur Club.

(date)

(signature)

Affiliate Member applicants should also complete a Membership Application/Renewal form (over).