



# NIH RADIO AMATEUR CLUB - NIHRAC

## Application for Membership/Renewal

Instructions: Fill out and return to:

NIH Radio Amateur Club  
NIH Building 11, MSC 5716  
Bethesda, MD 20892-5716

Check One: New   
Renewal

Or email to [info@nihrac.org](mailto:info@nihrac.org)

Check One: Affiliate   
Full  (NIH or PHS only)

Name \_\_\_\_\_ Callsign \_\_\_\_\_ Class of License \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

(NIH or Home) \_\_\_\_\_ E-Mail \_\_\_\_\_

Employment: \_\_\_\_\_ Business Phone \_\_\_\_\_

Member of: PHS Corps?  CERT?  RACES/ARES?  MARS?

On what bands and modes are you active? \_\_\_\_\_

Equipment: \_\_\_\_\_

Please indicate what amateur radio projects interest you:

I am often available on: weekdays  evenings  weekends

NIHRAC provides communications support to the National Institutes of Health and our community at large. I understand that I may be asked to volunteer to serve as a radio operator or other communications support role 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.

There are no membership dues, but donations are accepted. See NIHRAC officers for donation methods.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**AGREEMENT FOR USE OF THE NIH RADIO AMATEUR CLUB (NIHRAC) VOLUNTEER EMERGENCY COMMUNICATIONS FACILITY (VECF)**

I, \_\_\_\_\_, hereby agree, in consideration for NIH granting me use of the NIHRAC Volunteer Emergency Communications Facility (VECF), 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 and other Federal regulations. I will make reasonable efforts to protect the equipment from damage or other loss. I will not relocate the equipment without permission, and will follow NIHRAC-specified procedures. I will report any loss promptly to the President or Vice President of NIHRAC. If requested, I agree to pay for repair or replacement of equipment loss due to my negligence or 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).