

MEMBERSHIP APPLICATION

SAN LORENZO VALLEY AMATEUR RADIO CLUB

NAME _____ CALLSIGN _____ CLASS _____

ADDRESS _____ CITY _____ ZIP _____

PHONE: HOME () _____ WORK () _____ EXT _____

EMAIL _____ ADD TO OUR EMAIL REFLECTOR? Yes ___ No ___

ARE YOU CURRENTLY A MEMBER OF THE ARRL? _____ WOULD YOU LIKE TO BE? _____

ARE YOU INTERESTED IN UPGRADING YOUR AMATEUR LICENSE? _____

RADIO EQUIPMENT, HOME: 70CM ___ 2M ___ 6M ___ HF ___ OTHER _____

RADIO EQUIPMENT, MOBILE: 70CM ___ 2M ___ 6M ___ HF ___ OTHER _____

RADIO EQUIPMENT, PORTABLE: 70CM ___ 2M ___ 6M ___ HF ___ OTHER _____

PLEASE LIST ANY OTHER INFORMATION REGARDING YOUR RADIO EQUIPMENT, TECHNICAL OR WRITING SKILLS, ETC. THAT YOU THINK MIGHT AID THE CLUB IN ANY WAY.

PLEASE LIST ANY ACTIVITIES OR FUNCTIONS THAT YOU WOULD LIKE TO SEE THE CLUB ORGANIZE FOR ITS MEMBERS, OR ANY OTHER IDEAS TO MAKE THE CLUB MORE INTERESTING FOR YOU.

I HEREBY APPLY FOR MEMBERSHIP IN THE SAN LORENZO VALLEY AMATEUR RADIO CLUB AND I AGREE TO OBSERVE ANY RULES AND REGULATIONS AS SET FORTH BY THE CLUB. I UNDERSTAND THAT AS A MEMBER, I AM ENTITLED TO CERTAIN CLUB PRIVILEGES, SUCH AS USE OF THE REPEATER'S TELEPHONE AUTOPATCH AND USE OF THE CLUB'S RADIO STATION.

I HEREBY TENDER TO THE CLUB A NON-REFUNDABLE YEARLY MEMBERSHIP FEE OF \$20 (OR \$25 FAMILY MEMBERSHIP WHICH COVERS ALL AMATEURS IN YOUR HOUSEHOLD).

FOR FAMILY MEMBERSHIPS ONLY, PLEASE LIST THE NAMES AND CALLSIGNS OF OTHER AMATEUR OPERATORS IN YOUR HOUSEHOLD.

DATE _____ SIGNATURE _____

ADMITTED TO MEMBERSHIP BY _____

DATE _____ BY _____