



CARC Membership Application

I. Personnel Information:

Name: _____ CALL: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Emergency Contact Information:

Name _____ Phone _____
Address _____
Relation _____

Can the club share your contact information with other club members? Yes (____) No (____)

ARRL Member? Yes (____) No (____)

II. License Information

Current License Class (Check one): ____Tech ____General ____Advanced ____ Extra
Year Obtained _____ Year First Licensed _____ Previous Calls Held: _____

III. Communication Capabilities

P-PORTABLE M-MOBILE F-FIXED ____160 ____80 ____40 ____20 ____15 ____10 ____6 ____2 ____220 ____
440 ____PACKET/DIGITAL____ Other: _____
I Prefer: ____CW ____FM ____OSCAR ____PACKET ____RTTY ____SSB ____
Power Output: HF BANDS: _____Watts VHF BANDS: _____Watts

Emergency Power Available: ____Battery ____Generator ____Solar

IV. I am interested in participating in the following:

____Public Service Comm. ____ELMER Program ____Field Day Team
____Emergency Comm. ____VE Program ____Special Events
Other _____

----- Official Use Only -----

Date: ____/____/____ Approved ____ Denied ____ Member # _____
Received From: _____
(Member/Sponsor Name)
Membership dues for the year: _____ Amount: \$ _____
By: _____, _____, _____
(Officer's Name) (Title) (Call Sign)