Amateur Radio Study Session Please print LEGIBLY and mail to Kauai Amateur Radio Club, AH6TA

PO Box 72 Kekaha, HI 96752-0072

OR (PREFERRED)
Copy completed form and e-mail PDF to elaine@kauaimail.net

Date:			
Last name			_
		Middle initial	_
Address			
City	State	Zip	
Home phone	Day phone		
E-mail			_
			_
Sponsor (name and call sign)			_
Test class (check one) Tech_	(if upgrade)) General Extra	
Ham call (if you have one)		License class	
Please have two IDs (required	by FCC). One must be a pictu	ure ID. Two picture IDs is preferred	d.
ID type: DL #	Passport #		
Other			_
Please have exact change in	cash when you come in. DO N o	OT MAIL CASH. Form 08/01/	11
Test only - \$14 Stu	udy guide - \$10 St	tudy guide and test - \$24	_
Amateu	r Radio Study Sess	iON Receipt	-
Last name	First na	ame	_
Test class – Tech General			
Amount received	Date	By	