

COASTSIDE AMATEUR RADIO CLUB 2022 MEMBERSHIP FORM

Date_____

I hereby apply for 2022: New Membership □		the Coastside Ama	ateur Radio Cl	ub WA6TC	w
Primary Membership:					
Name:		Call:			
Address:					
City:	State:	Zip:			
Tel: # ()	Txt: # ()	Emergency	/ Only □	
Class of License:	s of License:How long licensed?ARR			ARES 🔲	RACES 🗆 CERT 🗅
If you are on packet, packet address:Packet				et Freq:	
Email address (if you have one):					
Would you prefer to receive your newsletter electronically, in PDF format, rather than U.S. Mail? Y \square N \square					
Family Membership:*					
Name:				Call:	
If you are on packet, pac	cket address:		Pack	et Freq:	
Class of License:	How long	g licensed?	ARRL□	ARES□	RACES□ CERT□
Email address (if you have one):					
Membership Dues throu Primary: \$20.00/year or *Family: \$3.00/year for ending: I am enclosing: For Primary Dues For Family Dues Donations: Repeater Fund Packet/Digipeater Fund	\$2.00/month (for leach additional fan \$ \$ \$		same addres	s sharing o	ne newsletter.

Please make checks payable to "Coastside Amateur Radio Club" and mail to:

TOTAL ENCLOSED

Coastside Amateur Radio Club P.O. Box 1106 Pacifica, CA 94044