

Gaston Radio Club Annual Membership Application

Full \$25 ___ Family \$40 ___ Student \$10 ___ Lifetime \$200 ___

I. PERSONAL INFORMATION:

NAME: _____ CALL: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL _____

CHECK FOR PUBLICATION OF CALL WITHIN THE CLUB ___ OR EMAIL ___

II. LICENSE AND OCCUPATIONAL 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___Phone___FM___PACKET___RTTY___SSB___FT8___DMR

POWER OUTPUT: HF BANDS: _____WATTS. VHF/UHF 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 COMMUNICATIONS ___VE PROGRAM ___SPECIAL EVENTS

OTHER _____

ARRL Member? Y / N

Official Use Only

DATE ___/___/___ Approved ___ Denied ___ Member # _____

Received From: _____

(Member/Sponsor Name)

Membership dues for the year: _____ AMOUNT: \$ _____

RECEIVED BY: _____, _____, _____

(Officer's Name) (Title) (Call Sign)