

Champlain Valley Amateur Radio Club (CVARC)

Request For Membership – 20__

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Home Phone:

(____) _____

Business Phone:

(____) _____

Amateur Call: _____ Class: _____ Expiration Date: _____

E-Mail Address: _____

Do you want to receive the Newsletter by: E-Mail? _____ Regular Mail? _____

Are you an ARRL Member? Yes _____ No _____

Are you an ARES Member? Yes _____ No _____

Are you an RACES Member? Yes _____ No _____

What are your areas of interest? _____

What are your portable capabilities? _____

What are your power capabilities? _____

In consideration of my acceptance for membership in the CVARC, I hereby agree to abide by the Club Constitution and By-Laws as well as the Rules and Regulations of the Federal Communications Commission as an Amateur Radio Operator.

Signed: _____ Date: _____

Approved By: _____ Date: _____

Type of annual membership: Full individual: \$25.00
Family: \$ 10.00 (for each added family member)
Club Support: \$17.00 ("repeater supporter")

Please place this form and your check in an envelope and mail to:

Champlain Valley Amateur Radio Club, Inc.
P.O. Box 313
Morrisonville, NY 12962

Thanks for your support, 73's, and welcome aboard!

Total Received \$ _____ By _____ Date _____

CVARC-2005