



# Membership Application Williamsburg Area Amateur Radio Club

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

License Class: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

## Amateur Operation Interests:(Check all that apply)

HF: SSB\_\_\_ CW\_\_\_ FM\_\_\_ Digital\_\_\_ SSTV\_\_\_ Satellite\_\_\_ RTTY/Packet\_\_\_

VHF/UHF: SSB\_\_\_ CW\_\_\_ FM\_\_\_ Digital\_\_\_ FSTV\_\_\_ Satellite\_\_\_ Packet\_\_\_

ARES / RACES / Skywarn / Emergency Communications Operations\_\_\_

Contesting: VHF\_\_\_ SSB\_\_\_ CW\_\_\_ RTTY\_\_\_ DX'ing\_\_\_

Mobile / Portable Operations\_\_\_ (e.g. Maritime, Camping, Motorcycle, Bicycle, etc.)

Special Event Stations\_\_\_ Field Day\_\_\_

Other special interests: \_\_\_\_\_

Member of ARRL: Yes\_\_\_ No\_\_\_

Member of ARES: Yes\_\_\_ No\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_