

**APPALACHIA AMATEUR RADIO CLUB (AARC)**

**MEMBERSHIP APPLICATION**

All information is requested to assist the club in planning activities, programs, and community service communications needs. If requested by checking below, your information will not appear in the AARC Roster when published.

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

CALLSIGN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Mobile \_\_\_\_\_ Home: \_\_\_\_\_

Preference: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ARRL MEMBERSHIP? Yes ( ) No ( )

ARRL MEMBERSHIP EXPIRATION DATE: \_\_\_\_\_

**\*\*If you are not a current member of the ARRL or needing to renew application PLEASE RENEW/APPLY through the club membership program.\*\***

Please do not publish: Any Information ( ) Phone number ( ) Email ( )

**LICENSE AND OCCUPATION INFORMATION:**

Current License Class (Check One) Tech ( ) General ( ) Extra ( )

Year of Current Class: \_\_\_\_\_

Year Licensed: \_\_\_\_\_

Previous Callsign (If any) \_\_\_\_\_

**COMMUNICATION CAPABILITIES & PREFERENCES: (Check all that apply)**

P=Portable ( ) M=Mobile ( ) F=Fixed ( ) Emergency Power/Back Up Power Supply ( ) Yes ( ) N

TYPE: \_\_\_\_\_

**RADIO CAPABILITIES:**

160 \_\_\_ 80 \_\_\_ 40 \_\_\_ 30 \_\_\_ 20 \_\_\_ 15 \_\_\_ 10 \_\_\_ 6 \_\_\_ 2 \_\_\_ 440 \_\_\_

SB \_\_\_ CW \_\_\_ FT8 \_\_\_ Other \_\_\_\_\_

I prefer (modes)

Radio Activities that interest you:

**APPLICATION RECEIVED FROM:**

Membership dues for the Year: \_\_\_\_\_

Amount: \_\_\_\_\_

Received by: (officers/members name, title and call sign)

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