

# 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