

# Champlain Valley Amateur Radio Club (CVARC) Request for Membership

Request Date: MM\_\_\_\_ YYYY\_\_\_\_\_

Print Name: First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Call Sign if you have one: \_\_\_\_\_

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

Do you want to receive our Newsletter Via E-Mail: Yes \_\_\_\_ No \_\_\_\_

Are you an ARRL Member? Yes: \_\_\_\_ No: \_\_\_\_

Are you an ARES Member? Yes; \_\_\_\_ No: \_\_\_\_

Are you a RACES Member? Yes: \_\_\_\_ No: \_\_\_\_

What are your general interest? \_\_\_\_\_

What are your Ham Radio interest? \_\_\_\_\_

What Ham radios/antennas do you have? \_\_\_\_\_

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 Communication Commission as an Amateur Radio Operator.

Type of annual membership: Full individual: \$25.00

Family: \$10.00 ( for each additional family member)

For Club / Repeater Support \$10.00

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

**Champlain Valley Amateur Radio Club**

**P.O. Box 312**

**West Chazy, NY 12992**

73 and welcome aboard!

Total Received: \$ \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Recorded \_\_\_\_\_

cvarc.us 1/25/2023