



MEMBERSHIP APPLICATION
TO
TITUSVILLE AMATEUR RADIO CLUB
P.O. BOX 73
TITUSVILLE, FLORIDA 32781-0073

CALL SIGN: _____ **CLASS:** _____
SPOUSE CALL SIGN: _____ **CLASS:** _____

THE DATA REQUESTED WILL ENHANCE YOUR CLUB IN CONTACTING YOU FOR SUPPORT IN EMERGENCIES, SOCIAL EVENTS, CIVIC & COMMUNITY COMMUNICATIONS REQUESTS. SHOULD YOU DESIRE NOT TO MAKE KNOWN ANY OF THE DATA REQUESTED, FEEL FREE TO OMIT THE SAME FROM THIS APPLICATION.

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP + 4: _____

PHONE: _____ e-Mail: _____

MEMBER D.O.B.: _____ SPOUSE NAME: _____ D.O.B.: _____

CHILDREN: _____

I CURRENTLY AM, OR WILL SOON BE ABLE TO OPERATE ON THE FOLLOWING (X):

160 ___ 80 ___ 40 ___ 30 ___ 20 ___ 17 ___ 15 ___ 12 ___ 10 ___ 6 ___ 2 ___ 1.25 ___ 70 CM ___

900 MHz ___ 1.2 GHz ___ ECHOLINK: ___ OTHER: _____

I HAVE A 2 MTR HANDHELD TRANSCEIVER: Y ___ N ___ MANU / MODEL: _____

I HAVE BEEN A HAM FOR: _____ FORMER CALL SIGN (S) HELD: _____

OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH OUR CLUB: _____

I AM A MEMBER OF (X): ARRL: _____ ARES: _____ RACES: _____ BEARS: _____

ANNUAL CLUB MEMBERSHIP DUES WILL BE COLLECTED IN JANUARY, AND WILL BE PRO-RATED QUARTERLY WHEN NEW MEMBERS JOIN THROUGHOUT THEIR FIRST YEAR. SINGLE MEMBERSHIP - \$20.00 PER YEAR. FAMILY MEMBERSHIP IS: \$5.00 PER PERSON, PER YEAR IF LIVING AT THE SAME RESIDENCE.

SIGNATURE: _____ DATE: _____

CLUB MEMBER / OFFICER: _____ APPROVAL DATE: _____