

Membership Application

Williamsburg Area Amateur Radio Club

Name: _____ Call Sign: _____

Address: _____

City, State, Zip: _____

License Class: _____

Telephone:
(Hm) _____ (Wk) _____ (Mb) _____

Name of Spouse: _____

E-Mail Address: _____

Amateur Operation Interests:(Check all that apply)

HF: SSB___ CW___ FM___ Digital___ SSTV___ Satellite___ RTTY/Packet___
VHF: 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: _____