



Pottstown Area Amateur Radio Club

Date of Application: _____

Dues:

- Full Member - \$20.00
- Additional Family - \$ 5.00 (each)
- Student Member - \$10.00
- Associate Member - \$ 5.00

Mail form to:

PAARC
1929 Kepler Road
Pottstown PA 19464-2115

Please make checks payable to: **PAARC**

NEW Member **Renewal** **Family Member of** _____ (Attach to master member form)
(CALL SIGN)

Name _____ Call _____

Class: Tech General Extra 1st Licensed in: _____ as _____

Address _____

Telephone (_____) _____ — _____ Unlisted (Not in Ma Bell's Phone Book)

e-mail address: _____ ARRL Member: Yes No

Interests: (Check ALL that apply)

- | | | |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Contesting | <input type="checkbox"/> ATV | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> DX | <input type="checkbox"/> Satellite | <input type="checkbox"/> CW |
| <input type="checkbox"/> RACES/AREC | <input type="checkbox"/> HF | <input type="checkbox"/> NTS |
| <input type="checkbox"/> SkyWarn | <input type="checkbox"/> VHF/UHF | <input type="checkbox"/> VE |
| <input type="checkbox"/> Packet | <input type="checkbox"/> SHF | <input type="checkbox"/> Field Day |

I would be willing to be a member of the the following committee(s):

- Technical Public Relations Field Day Public Service Program Membership

If you have any suggestions for meeting programs please contact the one of the club's officers.

I am also a member of _____ amateur radio club.

I have also held the following calls: _____

*All membership cards will be handed out at regular club meetings.
 Send SASE with this form if you require membership card by mail.*