

Rogue Valley Amateur Radio Club W7DTA
Membership Application Form

Name: _____ Call: _____

Email: _____

Address: _____ Home Phone: (____) _____

_____ Work Phone: (____) _____

Type of Membership (Please check type desired):

- | | |
|--|------------|
| <input type="checkbox"/> Regular membership | Dues: \$20 |
| <input type="checkbox"/> Senior membership (62+) | Dues: \$15 |
| <input type="checkbox"/> Family Membership | Dues: \$20 |
| <input type="checkbox"/> Student membership | Dues: \$10 |

Class of License: _____ Expiration Date: ____/____/____.

ARRL Member? Yes / No Expiration date: ____/____/____.

Volunteer License Examiner? Yes / No

Member of (Please circle): ARES MARS OEN OSN RACES WCN

Active on (Please circle): ATC ATV CW FM HF AM Packet RTTY SSTV UHF VHF

Emergency power generator? Yes / No KW? _____ Voltages? 12 / 120 / 240
Mobile / Hand-held / Portable capability? (Please circle all that apply)

Interests (Please circle all that apply):

Construction; Contesting; Direction finding; DX; Experimenting; General operating;
Traffic; Troubleshooting; Other _____

Signed: _____ Date: _____

Paid: \$ _____ for year _____ (membership year, e.g. 2015)
(Membership year runs Jan 1 - December 31)

Please make your check payable to RVARC
And bring it to the meeting, or mail it to:

Mike Bach, WB6FFC, Treasurer
1940 Stevens Rd.
Eagle Point, OR 97524-6523
Phone: (541) 830-3346