

# CAPE FEAR AMATEUR RADIO SOCIETY

## APPLICATION FOR MEMBERSHIP

1. NAME \_\_\_\_\_

(LAST)

(FIRST)

(MI)

2 .ADDRESS: \_\_\_\_\_ P.O. Box \_\_\_\_\_

3. CITY, STATE, ZIP: \_\_\_\_\_

4. PHONE:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

5. OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

6. CALL: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

7. HF MODES (CIRCLE EACH) \_\_\_\_\_ CW, SSB, AM, FM, DIG, SSTV

8. UHF/VHF MODES: \_\_\_\_\_ CW, SSB, AM, FM, DIG, SAT, SSTV

9. MILITARY STATUS: \_\_\_\_\_

10. SPECIAL INTERESTS: \_\_\_\_\_

11. REMARKS: \_\_\_\_\_

12. SIG OTHER'S NAME: \_\_\_\_\_ CALL \_\_\_\_\_

13 .CHILDREN'S NAME: \_\_\_\_\_ CALL \_\_\_\_\_

\_\_\_\_\_ CALL \_\_\_\_\_

14. MEMBER ARRL: YES NO

15. MEMBER SERA: YES NO

16. EMAIL ADDRESS: \_\_\_\_\_

X \_\_\_\_\_

(SIGNATURE)