Chippewa Valley Amateur Radio Club

Membership/Renewal Application Form

All Fields Required

Fiscal Year April 01 _____ thru March 31 _____

Please Print:

First Name:_____ (MI)_____ Last:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone: (____)_____

Cell Phone: (____)_____

Email :_____

License Class: N T P G A E (Circle)

Expiration Date:_____

ARRL Member: Yes/No (Circle)

Expiration Date:_____

Membership Class (Check One)

_____ Full Membership $20.00 annually

_____ Family Member $5.00 annually (Must reside at same address as Full Member)

_____ Associate Member $10.00 (Non-voting/office holding)

Name:_____ Call:_____Class:_____Exp:_____

Name:_____ Call:_____Class:_____Exp:_____

Name:_____ Call:_____Class:_____Exp:_____

Amount Enclosed: $_____ Ck/Cash/Other:_____

Please make payment out to: CVARC

Mail to: CVARC, 420 Pumphouse Rd, #242 Chippewa Falls, WI 54729

I Agree to abide by the Constitution and By-Laws of the Chippewa Valley Amateur Radio Club

Applicant Signature:_____Date:_____

>>>>>>>>>>>>>>>>>>>>>>>>>FOR CVARC USE ONLY<<<<<<<<<<<<<<<<<<<<<<<<<

Check #_____ Date:_____ Rec'd:_____ Amt:_____Tres:_____ DB:_____