Chippewa Valley Amateur Radio Club

Membership Application Form

Name:_____ _____ _____ Call:_____
Print: (First Name) (MI) (Last Name)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone No: (_____)_____ E-mail address: _____

License Class: **N T P G A E** Expiration Date: _____
(Circle)

ARRL Member: Yes / No ARRL Membership Expiration Date: _____
(Circle)

Membership Class
(Check one)

(____) Full Membership $20.00 (Newsletter via Website) **$25.00 (Newsletter via US Mail)**

(____) Family Member $5.00 (Must reside at the ame residence as the Full Member)

(Name: _____ Call: _____ License Class: ____ Exp:_____)

(Name: _____ Call: _____ License Class: ____ Exp:_____)

(Name: _____ Call: _____ License Class: ____ Exp:_____)
(Additional members on back of form)

(____) Associate Member (Non-Ham) $10.00 (Newsletter via Website) **$15.00 (Newsletter via US Mail)**
(Non Voting)

Amount Enclosed: $_____ Ck/Cash/Other: _____
(Circle)

Please make payment out to: **Chippewa Valley Amateur Radio Club** (or simply: **CVARC**)
Mail to: **CVARC, 5697 171st Street, 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: _____ Dbase: _____

Rev. 10/14/10