Chippewa Valley Amateur Radio Club

Membership Application Form

Card # _____
(For use by Secretary)

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 Member $20.00 (Newsletter via E-Mail) **$25.00 (Newsletter via US Mail)**

(____) Family Member $5.00 (Must reside at same 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 E-Mail) **$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: **Attention: Secretary - CVARC, 18310 79th Ave, Chippewa Falls WI 54729**

If accepted, I agree to abide by the Constitution and By-Laws of the Chippewa Valley Amateur Radio Club.

Applicant Signature: _____ Date: _____

Sponsor: *(CVARC Club member in good standing)*

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

Date of acceptance: _____ Secretary: _____

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

Check #: _____ Date: _____ Rec'd: _____ Amt: $ _____ Tres: _____ Dbase: _____