SOVARC

Southern Vermont Amateur Radio Club

Membership Application

Membership Year: _____ **Date: _____**

Name: _____

Mailing Address: _____

_____

Phone Number: _____ ☐Home ☐Cell

Email: _____

Call Sign: _____

License Class: ☐Technician ☐General ☐Extra ☐other _____

ARRL Member: ☐No ☐Yes

Equipment:

Base: ☐No ☐Yes ☐HF ☐6M ☐VHF ☐UHF ☐_____

Mobile: ☐No ☐Yes ☐HF ☐6M ☐VHF ☐UHF ☐_____

Portable: ☐No ☐Yes ☐HF ☐6M ☐VHF ☐UHF ☐_____

Emergency Power: ☐No ☐Generator ☐Battery ☐Solar

other: _____

Operating Modes: ☐Voice ☐Digital ☐CW ☐Image

Vehicle Plate #: _____ State: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Amount Paid: _____ ☐Cash ☐Check ☐other

Date: _____ Rcvd By: _____

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