



# FAM-COMM AMATEUR RADIO ASSOCIATION

FCARA

“Always Ready”

## MEMBERSHIP APPLICATION

### PERSONAL INFO :

#### Required Info \*

\*CALL LETTERS : \_\_\_\_\_ \*LICENSE EXP : \_\_\_\_\_ \*CLASS : \_\_\_\_\_

\*NAME : \_\_\_\_\_ E-MAIL : \_\_\_\_\_

\*ADDRESS : \_\_\_\_\_ \*APT : \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_

PHONE : HM \_\_\_\_\_ WK \_\_\_\_\_ CELL \_\_\_\_\_

### AFFILIATIONS:

OTHER CLUBS : \_\_\_\_\_

EMERGENCY SCV. GROUPS (RACES / ARES / RED CROSS / HOSPITAL DISASTER SVCS ECT.

### REFERENCES :

LIST 1 \_\_\_\_\_

NAME , PHONE , CALL LETTERS IF ANY

### SPECIAL INTEREST: (CHECK ALL THAT APPLY)

( ) EMERGENCY PREPAREDNESS ( ) ELECTRONICS ( ) SOCIAL EVENTS ( ) T-HUNTING ( ) ECHOLINK / IRLP

( ) OTHER: \_\_\_\_\_

### \*MEMBERSHIP TYPE:

( ) FULL \$30.00 ( ) FAMILY 2-5 members \$45.00 ( ) STUDENT \$20.00

List other operators in the home on back

\*The information in this application is true and correct to the best of my knowledge and I agree to abide and be bound by the Rules and Operating Procedures of this organization.

\*Sign: \_\_\_\_\_ \*Print your Name: \_\_\_\_\_ \*DATE: \_\_\_\_\_

**INCLUDE CHECK OR MONEY ORDER FOR DUES AND FEES.**

**MAKE PAYABLE AND SEND TO:**

**FCARA**

**PO BOX 4911**

**Garden Grove, CA 92842-4911**

PLEASE DO NOT WRITE BELOW LINE- ASSOCIATION BOARD USE ONLY

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FEE(s) INCL ( )

MODIFIED FEE ( ) As Per \_\_\_\_\_ Call: \_\_\_\_\_ (Special notes on back)

Approved \_\_\_\_\_ Date \_\_\_\_\_