

GGARS Annual Membership Application

Full \$25 ___ **Family \$40** ___ **Student \$10** ___ **Lifetime \$200** ___

All information is requested to assist the officers and committee in planning activities, programs and community service communications needs.

Submit completed application to: **GGARS Membership Chairman**
PO BOX 6231
Gastonia, N.C. 28056

I. PERSONAL INFORMATION:

NAME: _____ CALL: _____
MAILING ADDRESS: _____
STREET ADDRESS: _____ HOME PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL _____
CHECK FOR NON-PUBLICATION OF CALL ___ OR EMAIL ___ ARRL Member? Yes () No ()

II. LICENSE AND OCCUPATIONAL INFORMATION

CURRENT LICENSE CLASS (CHECK ONE): __TECH __GENERAL __ADVANCED __ EXTRA
YEAR OBTAINED _____ YEAR FIRST LICENSED _____
PREVIOUS CALLS HELD: _____
EMPLOYER: _____ WORK PHONE: _____
OCCUPATION: _____

III. COMMUNICATION CAPABILITIES

P-PORTABLE M-MOBILE F-FIXED
___160 ___80 ___40 ___20 ___15 ___10 ___6 ___2 ___220 ___440 ___PACKET/DIGITAL
OTHER: _____
I PREFER: ___CW ___FM ___OSCAR ___PACKET ___RTTY ___SSB
POWER OUTPUT: HF BANDS: _____ WATTS VHF BANDS: _____ WATTS
EMERGENCY POWER AVAILABLE: ___BATTERY ___GENERATOR ___SOLAR

IV. I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING:

___PUBLIC SERVICE COMM. ___ELMER PROGRAM ___FIELD DAY TEAM
___EMERGENCY COMMUNICATIONS ___VE PROGRAM ___SPECIAL EVENTS

OTHER _____

Official Use Only

DATE ___/___/___ Approved ___ Denied ___ Member # _____

Received From: _____
(Member/Sponsor Name)

Membership dues for the year: _____ AMOUNT: \$ _____

RECEIVED BY: _____, _____, _____
(Officer's Name) (Title) (Call Sign)