

Oroville Amateur Radio Society

O. A. R. S.

MEMBERSHIP APPLICATION

I, the undersigned, do hereby apply for membership in the Oroville Amateur Radio Society and hereby state that I will abide by the rules, regulations and ordinances of the Oroville Amateur Radio Society (OARS), the American Radio Relay League (ARRL), and the FCC Regulations part 97.

Date: _____

Last Name _____

Call Sign _____

First Name _____

ARRL Member Yes ___ No ___

License Class: Technician ___ General ___ Extra ___

Do you belong to other amateur radio clubs? _____

AMATEUR RADIO EQUIPMENT YOU CURRENTLY USE

HF Models _____

VHF/UHF Models _____

Modes Used: FM ___ SSB ___ ATV ___ Digital ___ VoIP ___

Other Equipment or Resources _____

Special Interests _____

ADDRESS & CONTACT INFORMATION

Street Address _____

City _____ State _____ ZIP Code _____

Home Telephone _____ Cell Phone _____

Work Phone _____

Email Address _____ Alternate Email _____

ANNUAL DUES

The annual dues must accompany this application in the OARS radio club. Make checks payable to the Oroville Amateur Radio Society.

Dues \$ _____ PAID Cash _____ Check No. _____

I hereby make application for membership in the Oroville amateur Radio Society (W6AF).

X _____

Signature of Applicant

_____ Date