

ARCECS Membership Application Form Please print all information neatly.

Personal Information

Please Circle

Full name _____	Primary Phone _____	Home Office Cell _____
Address _____	Secondary Phone _____	Home Office Cell _____
City _____	Other Phone _____	Home Office Cell _____
State / Zip _____	Primary FAX _____	
Call Sign _____	Primary Email _____	
License Class _____	Secondary Email _____	

Other Information

ARRL Member

American Red Cross

If not, are you interested in becoming an American Red Cross volunteer?

Please list any other organizations to which you belong.

Please list all bands/modes you are capable of working.

Please list your emergency radio capabilities.

Are you available to respond to emergencies?

Are you familiar with amateur radio traffic handling procedures?

Are you available to participate in Club activities?

Do you have mobile and/or portable operating capabilities?

What other activities are you interested in?

This application is for:
(check one box)

Full Membership: Open to all licensed amateur radio operators. Full voting privileges.

Student/Military Membership: Open to all licensed amateur radio operators who are attending primary, secondary, or high school, or on active military service. Full voting privileges.

Associate Membership: Open to any unlicensed individual who has an interest in amateur radio. This membership does not automatically renew and does not carry voting privileges.

By submitting this application I am indicating my willingness to abide by the ARCECS Constitution and By-Laws, as well as all other rules promulgated by the organization. I also agree to participate in at least one organization activity per year and attend at least one business meeting per year.

Signature: _____ Date: _____

Print this form out, **sign it**, and mail it to:
ARCECS * PO Box 540992* Flushing, NY 11354