

**Application for Membership In
The Shelby County Amateur Radio Club**



Name: _____ Amateur Call: _____

Home Address: _____

City: _____ County: _____ ST: _____ Zip: _____

Home Phone: _____ Work: _____

Alternate phone numbers: _____

(Please indicate cell, pager, etc)

E-mail Address: _____

Present License Class: _____ Expiration Date: _____

Member of American Radio Relay League (ARRL): Yes _____ No _____

What Bands Do You Operate On (Check all that apply):

HF: 160 _____ 80 _____ 60 _____ 40 _____ 30 _____ 20 _____ 17 _____ 15 _____ 12 _____ 10 _____

VHF/UHF: 6 _____ 2 _____ 222 mhz _____ 440 mhz _____ 1.2 ghz _____

Other: _____

What is your favorite part of Amateur Radio? _____

What attracted you to SCARC? _____

If married, what is your spouse's name? _____

Is she/he a licensed amateur? Yes _____ No _____ If so, call sign: _____

Where are you employed? _____

Will you be available to participate in Shelby Counter Amateur Radio Club Emergency Service?
(SCARES) Yes _____ No _____

Please indicate the type of membership you are seeking:

Single _____ Family _____ Student/Senior _____

I, the undersigned, hereby apply for membership in the SHELBY COUNTY AMATEUR RADIO CLUB. I agree to abide by the Constitution and By-Laws of the Club and by the rules and regulations of the Federal Communications Commission governing Amateur Radio (Part 97) and by the rules governing any other communications service in which I participate.

Signature: _____