

UCARS MEMBERSHIP INFORMATION SHEET

Information is being requested to assist the officers and committee chairpersons in planning activities, programs and community service communications needs.

If you request by checking the appropriate space, your information will be confidential and your telephone, address and e-mail will not appear in the UCARS roster or Web Site.

Individual Annual dues are: \$30.00. Family (Immediate family) Annual dues are **\$ 40.00**. Dues for **new** members joining after March shall be the number of months remaining in the year multiplied by \$ 2.50.

PERSONAL INFORMATION

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

LICENSE AND OCCUPATIONAL INFORMATION

LICENSE CLASS (CHECK ONE): _____ TECH _____ GENERAL _____ ADVANCED _____ EXTRA _____
EMPLOYER: _____ WORK PHONE: _____

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 _____ PACKET _____ RTTY _____ SSB
POWER OUTPUT: HF BANDS: _____ WATTS VHF BANDS: _____ WATTS
EMERGENCY POWER AVAILABLE: _____ BATTERY _____ GENERATOR _____ SOLAR

I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING:

_____ ACTIVITIES SUPPORT TEAM	_____ PROGRAM COMMITTEE
_____ EDUCATIONAL COMMITTEE	_____ PUBLIC SERVICE COMM.
_____ ELMER PROGRAM	_____ EMERGENCY COMMUNICATIONS
_____ FIELD DAY TEAM	_____ SPECIAL EVENTS
_____ HAMFEST COMMITTEES	_____ VE PROGRAM
_____ MEMBER ASSISTANCE COMMITTEE	_____ MEMBERSHIP COMMITTEE

OTHER _____

DATE ____/____/____

Received From: _____
(Member/Sponsor Name)

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

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