

SALT LAKE CROSSROADS AMATEUR RADIO CLUB

Membership Application

Total # of Family Applicants at the same residence: _____

Fees: \$5 for first family member; \$3 for each additional = \$ _____ by cash or check

Mail to 1049 Military Drive Salt Lake City, UT 84105. Write checks to Elisabeth Barry. PayPal by request.

Primary Member, if multiple family members at the same residence:

First Name: _____ MI: ____ Last Name: _____

Callsign: _____

Gender: Male Female Occupation (optional) _____

Residential Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address if different from Residential: _____

Home Phone: _____ Work (optional) : _____

Cell Phone: _____ Cell Carrier: _____

May the Club text you re: Nets _____ Meetings _____ Incident Callout _____

Email: _____

Permission to include in the Club directory, including online (circle one): YES or NO

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2nd Member: First Name: _____ MI: ____ Last Name: _____ Callsign: _____

Gender: Male Female Occupation (optional) _____

Address: same as Primary person above

Home Phone: _____ Work (optional) : _____

Cell Phone: _____ Cell Carrier: _____

May the Club text you re: Nets _____ Meetings _____ Incident Callout _____

Email: _____

Permission to include in the Club directory, including online (circle one): YES or NO

OVER FOR MORE MEMBERS in the same family at the same residence.

I/We apply for membership into the Salt Lake Crossroads Amateur Radio Club, agreeing to abide by the Constitution and By-Laws thereof.

Signature: _____ Date: _____

FOR CLUB SECRETARY USE: Date of Approval by President _____

- Over for Side 2: Additional Family Members at the same residence -

***** Side 2: Additional Family Members at the same residence *****

First Name: _____ MI: ____ Last Name: _____

Callsign: _____

Gender: Male Female Occupation (optional) _____

Address: same as Primary person on Side 1

Home Phone: _____ Work (optional) : _____

Cell Phone: _____ Cell Carrier: _____

May the Club text you re: Nets _____ Meetings _____ Incident Callout _____

Email: _____

Permission to include in the Club directory, including online (circle one): YES or NO

First Name: _____ MI: ____ Last Name: _____

Callsign: _____

Gender: Male Female Occupation (optional) _____

Address: same as Primary person on Side 1

Home Phone: _____ Work (optional) : _____

Cell Phone: _____ Cell Carrier: _____

May the Club text you re: Nets _____ Meetings _____ Incident Callout _____

Email: _____

Permission to include in the Club directory, including online (circle one): YES or NO

First Name: _____ MI: ____ Last Name: _____

Callsign: _____

Gender: Male Female Occupation (optional) _____

Address: same as Primary person on Side 1

Home Phone: _____ Work (optional) : _____

Cell Phone: _____ Cell Carrier: _____

May the Club text you re: Nets _____ Meetings _____ Incident Callout _____

Email: _____

Permission to include in the Club directory, including online (circle one): YES or NO

SEE SIDE 1 FOR SIGNATURE OF PRIMARY MEMBER