

WILLIAMSON COUNTY AMATEUR RADIO CLUB

MEMBERSHIP DATA AND APPLICATION

( ) NEW ( ) UPDATE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CALL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. CLASS OF LICENSE: \_\_\_\_\_
2. ARE YOU A MEMBER OF ARRL? YES: \_\_\_\_\_ NO: \_\_\_\_\_
3. PLEASE INDICATE THE BANDS YOU ARE EQUIPPED TO OPERATE.  
160 80 40 20 15 10 6 2 OTHER: \_\_\_\_\_
4. DO YOU HAVE MOBILE OPERATING CAPABILITIES? YES: \_\_\_\_\_ NO: \_\_\_\_\_
5. DO YOU HAVE HAND CARRY CAPABILITIES? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
WHICH BANDS? \_\_\_\_\_
6. DO YOU HAVE RTTY CAPABILITIES? YES: \_\_\_\_\_ NO: \_\_\_\_\_
7. PLEASE INDICATE YOUR MODE OF OPERATION PREFERENCE.  
AM FM CW RTTY SSB SSTV OTHER: \_\_\_\_\_

NEW MEMBERS ONLY:

I ACKNOWLEDGE THAT THIS APPLICATION MUST BE APPROVED BY THE CLUB, AND THAT I AM EXTENDED FULL MEMBERSHIP ONLY IF I AM A LICENSED RADIO AMATEUR. IF I AM NOT LICENSED, I WILL BE GRANTED ASSOCIATE MEMBERSHIP WHICH ALLOWS ME ALL PRIVILEGES EXCEPT THAT OF THE VOTE AND TO HOLD OFFICE, UNDER THOSE STIPULATIONS OF THE BY-LAWS OF THE WILLIAMSON COUNTY AMATEUR RADIO CLUB.

SIGNATURE OF APPLICANT \_\_\_\_\_