



MVARC Membership Application

NAME; _____ **Call Sign** _____
(First) (Middle Initial) (Last)

ADDRESS; _____

CITY; _____ **STATE/ZIP CODE** _____

CELL PHONE _____ **LAND LINE** _____

EMAIL _____

BIRTHDAY; DAY/MONTH (NOT YEAR) _____

LICENSE CLASS; TECHNICIAN [] ; **GENERAL** [] ; **EXTRA** []

Installed Equipment; HOME [] ; **MOBILE** []

Bands; VHF 6m [] ; **VHF 2m** [] ; **VHF 1.25m** [] ; **UHF 70cm** [] ;
HF 10m [] ; **HF 12m** [] ; **HF 15m** [] ; **HF 17m** [] ; **HF 20m** []
HF 30m [] ; **HF 40m** [] ; **HF 60m** [] ; **HF 80m** [] ; **MF 160m** []

Echolink? []

Other? _____

ADDITIONAL CERTIFICATIONS; e.g. VE [] ; **RACES** [] ; **CERT** []

Amateur Radio affiliations i.e.; ARRL [] ; **ARES** [] ; **MARS** []

Special skills/interests? _____

Check to MVARC; Individual \$24; Family \$35 (pro-rated monthly)

Membership application required for each Family member.

Mail to Treasurer; P.O. BOX 447, SUN CITY, CA 92586.

Signature _____ **Date** _____