**GGARS Annual Membership Application**

**Full $25** \_\_\_ **Family $40** \_\_\_ **Student $10**\_\_\_ **Lifetime $200**\_\_\_

All information is requested to assist the officers and committee in planning activities, programs and community service communications needs.

Submit completed application to: **GGARS Membership Chairman**

 **PO BOX 6231**

 **Gastonia, N.C. 28056**

**I. PERSONAL INFORMATION:**

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

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

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK FOR NON-PUBLICATION OF CALL \_\_\_ OR EMAIL \_\_\_ ARRL Member? Yes ( ) No ( )

**II. LICENSE AND OCCUPATIONAL INFORMATION**

CURRENT LICENSE CLASS (CHECK ONE): \_\_TECH \_\_GENERAL \_\_ADVANCED \_\_ EXTRA

YEAR OBTAINED \_\_\_\_\_\_\_\_\_\_ YEAR FIRST LICENSED \_\_\_\_\_\_\_\_\_\_\_

PREVIOUS CALLS HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. 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 \_\_\_\_\_\_OSCAR \_\_\_\_\_\_PACKET \_\_\_\_\_\_RTTY \_\_\_\_\_\_SSB

POWER OUTPUT: HF BANDS: \_\_\_\_\_\_\_\_WATTS VHF BANDS: \_\_\_\_\_\_\_\_WATTS

EMERGENCY POWER AVAILABLE: \_\_\_\_\_\_BATTERY \_\_\_\_\_\_GENERATOR \_\_\_\_\_\_\_SOLAR

**IV. I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING:**

\_\_\_\_PUBLIC SERVICE COMM. \_\_\_\_ELMER PROGRAM \_\_\_\_FIELD DAY TEAM

\_\_\_\_EMERGENCY COMMUNICATIONS \_\_\_\_VE PROGRAM \_\_\_\_SPECIAL EVENTS

OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Official Use Only**

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Member # \_\_\_\_\_\_\_\_\_\_\_\_

Received From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Member/Sponsor Name)

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

RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Officer’s Name) (Title) (Call Sign)