

# TRI-CITIES AMATEUR RADIO CLUB, INC.

P.O. Box 73 • Richland, Washington 99352

## Application for Membership

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_ License Class: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous Call Signs: \_\_\_\_\_

Do you plan to upgrade your license class? Yes / No

Clubs/Memberships/Affiliations: ☐ ARRL ☐ ARES ☐ QCWA ☐ Other \_\_\_\_\_

Volunteer Examiner: ☐ ARRL ☐ W5YI ☐ Other: \_\_\_\_\_

### Amateur Radio Interests:

<input type="checkbox"/> Emergency Service	<input type="checkbox"/> Rag Chewing	<input type="checkbox"/> Homebrewing	<input type="checkbox"/> DXing
<input type="checkbox"/> Packet/APRS	<input type="checkbox"/> Traffic Handling	<input type="checkbox"/> Antennas	<input type="checkbox"/> Contesting
<input type="checkbox"/> QRP	<input type="checkbox"/> UHF/VHF	<input type="checkbox"/> Teaching Classes	<input type="checkbox"/> VE Testing
<input type="checkbox"/> Satellite	<input type="checkbox"/> SkyWarn	Other: _____	

What bands do you work regularly? \_\_\_\_\_

What emergency equipment do you have? \_\_\_\_\_

Can you operate on emergency power? Yes / No

I wish to join and contribute to the club as follows: \_\_\_\_\_

**Other HAMS in the Household:** *Need more room? Write on the back*

Spouse: \_\_\_\_\_ Call Sign: \_\_\_\_\_ Class: \_\_\_\_\_

Harmonic: \_\_\_\_\_ Call Sign: \_\_\_\_\_ Class: \_\_\_\_\_ Age: \_\_\_\_\_

Harmonic: \_\_\_\_\_ Call Sign: \_\_\_\_\_ Class: \_\_\_\_\_ Age: \_\_\_\_\_

Harmonic: \_\_\_\_\_ Call Sign: \_\_\_\_\_ Class: \_\_\_\_\_ Age: \_\_\_\_\_

I recognize membership in the TCARC is a privilege. I agree to conduct myself with the highest ethical and moral standards and operate in accordance with all local, state and federal laws when participating in club activities and will not undertake any actions that may tarnish the Club name or cause harm to its members. I understand misconduct may result in possible termination of my membership

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Chairman Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Club President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Membership dues:** \$40.00 Individual / \$50.00 per family  
Dues are payable on January 1<sup>st</sup> and are delinquent on March 30<sup>th</sup>.