CAPE FEAR AMATEUR RADIO SOCIETY

APPLICATION FOR MEMBERSHIP

1. NAME_____

(LAST) (FIRST) (MI)

2 .ADDRESS: _____P.O. BOX_____

3. CITY, STATE,ZIP: _____

4. PHONE:(H)_____(W)_____(C)_____

5. OCCUPATION:_____EMPLOYER:_____

6. CALL:_____CLASS: _____EXP DATE:_____

7. HF MODES (Select any) _ ☐ CW,☐ SSB ☐ AM ☐ FM ☐ DIG ☐ SSTV

8. UHF/VHF MODES:☐ CW,☐ SSB,☐ AM,☐ FM,☐ DIG ☐ SAT,☐ STV

9. MILITARY STATUS:_____

10. SPECIAL INTERESTS:_____

_____

11. REMARKS:_____

_____

12. SIG OTHER'S NAME:_____CALL_____

13 .CHILDREN'S NAME:_____CALL_____

_____CALL_____

14. MEMBER ARRL: YES ☐

15. MEMBER SERA: YES ☐

16. EMAIL ADDRESS:_____

X_____

(Digital SIGNATURE or print and sign)

CFARS FORM 2, JUL 2016