



# Shore Point Amateur Radio Club Membership Application

New Application

Update Info

Call Sign: \_\_\_\_\_

License Class: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.'s: Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

ARRL member:      yes      no      (circle one)

What other radio clubs are you a member of? \_\_\_\_\_

Do you want to be listed on SPARC's emergency call out list?      yes      no      (circle one)

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

Birthday:      \_\_\_\_/\_\_\_\_/\_\_\_\_

**Residential Address**

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

City, State & Zip: \_\_\_\_\_

**Mailing Address (if different)**

St. or P.O. Box#: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

**Application Type:**

Check if Senior (65 or older)

Check if Disabled

Check if Family Membership

Check if Out-of-state Affiliation Only

**Check should be made out to: Brian Freeman**

(You may indicate SPARC Membership in the memo section.)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be completed by repeater trustee

Date dues paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amt.: \_\_\_\_\_

Trustee's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**USER NUMBER:** \_\_\_\_\_