



Member Information Form

ABOUT

First: _____ Last: _____
Middle Initial: _____ Gender: _____ Birth Decade: _____

ADDRESS

Street: _____
City: _____ State: _____ Zip: _____

CONTACT

Phone: _____ Email: _____

LICENSING

Callsign: _____ License Class: _____ Year 1st Licensed: _____

ARRL Member: Yes No

Volunteer Examiner: Yes No

EQUIPMENT

VHF/UHF HT _____ Make: _____
(Primary) Model: _____
Mode(s): _____
Band(s): _____

VHF/UHF Mobile _____ Make: _____
(Primary) Model: _____
Mode(s): _____
Band(s): _____

HF Radio _____ Make: _____
(Primary) Type: _____
Mode(s): _____
Antenna: _____

LOGGING

Logging: Yes No Software Name: _____
LoTW: Yes No eQSL: Yes No

ADDITIONAL INFORMATION

Please change filename to your callsign or name and email to president@milfordhamradio.org