

Please complete and mail with **\$20 membership fee to POCRG, PO Box 121, Newport WA 99156** (or bring to informal meetings Tuesdays 9:00 AM @ Hospitality House 216 S Washington Ave Newport)

					Date	
Name		HAM Callsign		Date of Birth (M/D/YYYY)		
Address		Amateur License Class		GMRS Callsign		
Address		Expires (M/D/YYYY)		Expires (M/D/YYYY)		
City		_				
County	State	Zip Code	_ Other Af	filiations (RACES/ARES,	AmRRON, etc.)	
Home Phone N	lumber Can call in En	nergency 🗆 Yes				
Work Phone N	umber Can call in En	nergency 🗆 Yes				
Cell Phone Number Can call in Emergency Ves			Mobile Text Messaging Number			
E-mail Address (Main)			_ Do you wa	Do you want to receive group emails 🗆 Yes 🗆 N		
Emergency Contact Name			Emer	mergency Contact Number		
Special Note						

Which activities would you be interested in participating in? (Check all that apply)

Repeater & Antennas
Planning
Events
Served Agencies (LE/FD/etc.)
Training & Safety

Radio Programming

VE Testing
Grants and Doners, or, something else: