Chippewa Valley Amateur Radio Club
Membership Application Form

All fields required

Fiscal Year 01 April,_____ thru March 31,_____

Name:_____ _____ _____ Call:_____
Print: (First Name) (MI) (Last Name)
Mailing Address: _____
City: _____ State: _____ Zip: _____

Wired Phone No: (___)_____ E-mail address: _____
Mobile Phone No: (___)_____

License Class: **N T P G A E** Expiration Date: _____
(Circle)
ARRL Member: **Yes** / No ARRL Membership Expiration Date: _____
(Circle)

Membership Class (Check one)
(___) Full Membership $20.00 (Newsletter via Website)
(____) Family Member $5.00 (Must reside at the same residence as the Full Member)
(Name: _____ Call: _____ License Class: ____ Exp:_____)
(Name: _____ Call: _____ License Class: ____ Exp:_____)
(Name: _____ Call: _____ License Class: ____ Exp:_____)
(Additional members on back of form)
(____) Associate Member (Non-Ham) $10.00 (Newsletter via Website)(Non Voting)

Amount Enclosed: $_____ Ck/Cash/Other: _____
(Circle)

Please make payment out to: **Chippewa Valley Amateur Radio Club** (or simply: **CVARC**)
Mail to: **CVARC, 15454 Highway "F", Bloomer, WI 54724**

I agree to abide by the Constitution and By-Laws of the Chippewa Valley Amateur Radio Club.
Applicant Signature:_____ Date: _____

>>>>>>>>>>>>>>>>>>>>>>> FOR CVARC USE ONLY <<<<<<<<<<<<<<<<<<<<<<<
Check #_____ Date: _____ Rec'd: _____ Amt: _____ Tres: _____ Dbase: _____

Revised 6/21/16