

# Chippewa Valley Amateur Radio Club

## Membership Application Form

Fiscal Year: April 1st 2026 thru March 31st 2027

## All fields required



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

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Wired # ( ) E-mail :

Mobile # ( \_\_\_\_ ) \_\_\_\_\_

E-mail :

License Class: Novice Tech Tech+ Gen A E expiration date: \_\_\_\_\_

ARRL Member: **Yes / No** ARRL Membership Expiration Date: \_\_\_\_\_

Membership class (\_\_\_\_) full membership \$20.00 (\_\_\_\_) family member \$5.00

(Must reside at the same residence as the full member)

Name: Call: license class: Name:

Call: \_\_\_\_\_ license class: \_\_\_\_\_ (additional space on back)

Associate member(\_\_\_\_) \$10.00 (non ham/non voting)

Amount enclosed: \$  Ck/Cash/Other:

Please make payable to: Chippewa Valley Amateur Radio Club (or

Mail to:

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## 18562 County Highway Q

Chippewa Falls WI 54729

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: \_\_\_\_\_