## **Chippewa Valley Amateur Radio Club**

## Membership Application Form

All fields required

Fiscal Year: April 1st 2020 thru March 31st 2021

W9CVA CHIPPEWA VALLEY	
147.375/110.9	444.350/110.9
AMATEUR RADIO CLUB w9cva.org	

## Call: Mailing Address: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Wired # ( \_\_\_ ) \_\_\_\_ E-mail : \_\_\_\_\_ Mobile # ( \_\_\_\_ )\_\_\_\_ License Class: **N T TP G 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 simply: CVARC) Mail to: **CVARC** 1020 OLIVE ST,

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 6/21/20 wj

Chippewa Falls WI 54729