

MEMBERSHIP APPLICATION CRESCENTA VALLEY RADIO CLUB P.O. BOX 854 LA CANADA, CA 91011

Please complete this form in full so that we may become better acquainted with you and your interest in our club.

Name:			_Call:	Date:
Last	First	MI		
Address:		City:		Zip:
Phone: ()Home		Phone	:	
() Home			()Worl	< c
Email Address:	ss: Web Address:			
Would you like to receive the me	onthly QSX	electronically	? Yes:	No:
License Class:		_ # Years Ope	rating:	Member ARRL:
Have you been or are you now	a member c	of another ama	iteur radio o	club?
Name of club and location:				
Experienced as a club o	officer?			
Experienced in special	activities? _			
Active or Retired:	Oc	cupation:		
Special field of interest in Amate	eur Radio: _			
Member of any Emergency Org	anizations:	Yes	No	
Name:				
Member of any Military Commu	nication Org	anizations:	Yes	No
Name:				
Operating Awards:				
Please submit this application w (Checks made out to CVRC or 0				5:
Additional donation to the Repe	ater Mainter	nance Fund: _		
I agree to abide by the constitut motions which may be accepted				ley Radio Club and all
Signature:			Da	te: