



Valley Amateur Radio Association

www.ctvara.org



VARA Membership Application

Annual Dues \$20 from January. Family, + \$5. Senior/diabled 50%. 3rd 1/4 - \$20 & includes the following year.

Name (Please print) _____ Phone _____

Address _____

City _____ State ____ Zip _____ Email _____

Date of birth _____ Call sign (if licensed) _____ License class _____ Are you an ARRL member? _____

Are you a Volunteer Examiner (VE)? _____

Family member's name _____ Call sign (if licensed) _____ ARRL member? _____ VE? _____

Additional Family member names, call signs & Email addresses:

Do you have mobile Amateur Radio capability? _____ If yes, HF ? _____ VHF ? _____ UHF? _____

Can your home station be operated without commercial power? _____

What are your Amateur Radio interests? _____

What bands can/do you operate? _____

What are your other interests? _____

Applicant Signature _____ Date _____

By signing, you agree to abide by the Club's Constitution & Bylaws and waive claim against the Association, its officers, and all causes which may arise in connection with the activities of this Association.

For Club use only (v)

Dues: Annual \$20 ____ Senior/Disabled \$10 ____ 3rd 1/4 \$20/10 & includes following year ____ Family +\$5 ____

Total _____ Payment via []cash []check made payable to Valley Amateur Radio Association

Approved by _____ Date _____ Call _____