



APPLICATION FORM FOR MEMBERSHIP IN THE SATELLITE AMATEUR RADIO CLUB, INC.

FULL NAME: NICKNAME:

ADDRESS: CITY-STATE: ZIP:

CALL SIGN: LICENSE CLASS: EXPIRATION:

HOME PHONE: CELL PHONE: WORK PHONE:

EMAIL ADDRESS: IF A VE, SPECIFY ARRL W5YI

IF ACTIVE DUTY, OFFICE SYMBOL: RANK

ARE YOU A MEMBER OF ARRL ARES RACES MARS

HAVE YOU UPGRADED IN THE PAST YEAR? IF SO, FROM WHAT CLASS?

PLEASE CHECK EACH OF THE CAPABILITIES THAT YOUR STATION HAS

WAVELENGTHS IN METERS

| | 160 | 80 | 40 | 30 | 20 | 17 | 15 | 12 | 10 | 6 | 2 | 1.25 | 0.70 | 0.33 |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ATV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OSCAR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PACKET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RTTY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SSB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MOBILE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PORTABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOW, PLEASE CIRCLE THE X THAT REPRESENTS YOUR COMMON OPERATION MODE

CAN YOUR BASE STATION OPERATE ON EMERGENCY POWER? ON BATTERIES?

OTHER INTERESTS:

PLEASE CHECK THE CLUB ACTIVITIES THAT YOU ARE INTERESTED IN BEING INVOLVED WITH

PROGRAMS
 FIELD DAY
 CONTESTS
 SWAPFEST
 TRAINING
 MAINTENANCE
 NEWSLETTER
 ANTENNAS
 PUBLICITY
 T-HUNTS
 SATELLITES
 TESTING
 REPAIR
 OTHER

I HEREBY APPLY FOR MEMBERSHIP IN THE SATELLITE AMATEUR RADIO CLUB, INCORPORATED

I AGREE TO ABIDE BY THE BYLAWS OF THE CLUB AND SUCH OTHER RULES THAT MAY BE PROMULGATED BY THE CORPORATION. I CERTIFY THAT I NOW HOLD AND WILL CONTINUE TO MAINTAIN A VALID AMATEUR RADIO LICENSE ISSUED BY THE F.C.C.

SIGNATURE: _____ DATE: LICENSE CHECKED _____

ACCEPTED AS FULL / ASSOCIATE MEMBER BY SECRETARY _____