

# TEHACHAPI AMATEUR RADIO ASSOCIATION



a 501c3 Corporation  
P.O. Box 134  
Keene, CA 93531



## Membership Application

**MEMBERSHIP TYPE:** (Check all that apply)

**Application Date:**     /     /

<input type="checkbox"/> New Member	<input type="checkbox"/> Individual Membership	\$25.00 / Year
<input type="checkbox"/> Renewal	<input type="checkbox"/> Family Membership	\$12.50 / Add'l Family Member / Year

**APPLICANT INFORMATION:**

CALL SIGN	LICENSE CLASSIFICATION / LICENSE HELD			
	<input type="checkbox"/> Technician	<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Extra

FIRST NAME	LAST NAME

STREET ADDRESS	APT. / UNIT

CITY	STATE	ZIP CODE

HOME PHONE NUMBER	CELL PHONE NUMBER
(     )	(     )

E-MAIL ADDRESS

**BACKGROUND Information:**

Have you ever been convicted of a Felony?      Yes      No

*If So, please provide details:*

**OTHER MEMBERSHIPS**

ARRL   
  ARES   
  CERT   
  RACES   
  REACT   
  RED CROSS  
 SATERN   
  OTHER: \_\_\_\_\_

**FAMILY MEMBERS in Household** (Fill out only if completing a Family Membership)

Call Sign	Class (T/G/E)	First & Last Name	Age

**Internal Use Only**

Amount Paid	Cash / Check	Date	Approval
		/     /	

**Applicant Signature:** \_\_\_\_\_

**Date:**     /     /