



## COASTSIDE AMATEUR RADIO CLUB MEMBERSHIP FORM

Date \_\_\_\_\_

I hereby apply for:

New Membership  Renewal  in the Coastside Amateur Radio Club WA6TOW  
For the year: \_\_\_\_\_

### Primary Membership:

Name: \_\_\_\_\_ Call: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: # (\_\_\_\_) \_\_\_\_\_ Txt: # (\_\_\_\_) \_\_\_\_\_ Emergency Only

Class of License: \_\_\_\_\_ When licensed? \_\_\_\_\_ ARRL  ARES  RACES  CERT

If you are on packet, packet address: \_\_\_\_\_ Packet Freq: \_\_\_\_\_

Email address (if you have one): \_\_\_\_\_

### Family Membership:\*

Name: \_\_\_\_\_ Call: \_\_\_\_\_

If you are on packet, packet address: \_\_\_\_\_ Packet Freq: \_\_\_\_\_

Class of License: \_\_\_\_\_ When licensed? \_\_\_\_\_ ARRL  ARES  RACES  CERT

Email address (if you have one): \_\_\_\_\_

Membership Dues through \_\_\_\_\_ (year):

Primary: \$20.00/year or \$2.00/month (for less than a 1 year membership).

\*Family: \$3.00/year for each additional family member in the same household.

### **I am enclosing:**

For Primary Dues \$ \_\_\_\_\_ 1 Year  \_\_\_ month(s)

For Family Dues \$ \_\_\_\_\_

### **Donations:**

Repeater Fund \$ \_\_\_\_\_

Packet/Digipeater Fund \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Please make checks payable to "Coastside Amateur Radio Club" and mail to:

**Coastside Amateur Radio Club  
P.O. Box 1106  
Pacifica, CA 94044**