



## FOUNTAIN VALLEY AMATEUR COMMUNICATIONS TEAM



MEMBERSHIP INFORMATION					
<input type="checkbox"/> New Member		<input type="checkbox"/> Address Change			
Last Name		First Name		Middle	
Date of Birth	Social Security Number	Call Sign		License Class	
Mailing Address				E-Mail Address:	
City	State	Zip	Day Phone:		
Night Phone:		Fax:		Pager:	
Occupation:					
I have equipment to operate the following bands/modes:					
<b>2M</b>	<b>220</b>	<b>440</b>	<b>6M</b>	<b>HF</b>	Other
<input type="checkbox"/> Mobile	<input type="checkbox"/> Mobile	<input type="checkbox"/> Mobile	<input type="checkbox"/> Mobile	<input type="checkbox"/> Mobile	
<input type="checkbox"/> HT	<input type="checkbox"/> HT	<input type="checkbox"/> HT	<input type="checkbox"/> HT	<input type="checkbox"/> Base	
<input type="checkbox"/> SSB	<input type="checkbox"/> SSB	<input type="checkbox"/> SSB	<input type="checkbox"/> SSB		
I would like to help in the following areas: <input type="checkbox"/> Technical <input type="checkbox"/> Training <input type="checkbox"/> Public Service					
Other organizations that you are involved in (Amateur radio or not):					
Special skills and abilities you have:					
List any emergency communications training or duties you have performed that could be of help to F.A.C.T.:					
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature:				Date:	

FVPD Clearance on (date) \_\_\_\_\_ By \_\_\_\_\_