

LINCOLN COUNTY R.A.C.E.S. MEMBERSHIP APPLICATION

CALL SIGN: _____

DATE OF APPLICATION: ____ / ____ / ____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ CLASS OF LICENSE: _____

EMAIL: _____ MEMBERSHIP REQUESTED: () FULL () AUXILIARY

CHECK BAND / MODES YOU CAN OPERATE: (USE "E" IF EMERGENCY POWER CAPABLE)							
	CW	FM	RTTY	SSB	MOBILE	PACKET	COMMENTS
HF							
2M							
440							
IF YOU OPERATE PACKET, LIST THE CALLSIGN OF YOUR HOME BBS							

SIGNED: _____ DATE: ____ / ____ / ____

“ FOR R.A.C.E.S USE “

MEMBERSHIP: () ACCEPTED () REJECTED

SIGNED: _____ ADMINISTRATIVE OFFICER
 _____ NET CONTROL OFFICER

STATUS: () AUXILIARY WAITING FULL () AUXILIARY
 () FULL

EQUIPMENT ISSUED: _____