

**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: \_\_\_\_\_