



# MEMBERSHIP APPLICATION

## PORT ST. LUCIE AMATEUR

## RADIO ASSOCIATION

DATE \_\_\_\_\_ CALL \_\_\_\_\_ CLASS OF LICENSE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LOCAL PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

FULL TIME OR WINTER RESIDENT \_\_\_\_\_

SECONDARY ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ CLUB SHIRT SIZE \_\_\_\_\_ PAID \_\_\_\_\_

FREQUENCY BANDS USED \_\_\_\_\_

DO YOU HAVE EMERGENCY POWER? \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MEMBERSHIP DUES PAID \_\_\_\_\_ DATE \_\_\_\_\_

ARRL MEMBER \_\_\_\_\_

WOULD YOU LIKE TO SERVE ON A COMMITTEE

BUDGET \_\_\_\_\_ MEMBERSHIP \_\_\_\_\_ NOMINATING \_\_\_\_\_ PROGRAM \_\_\_\_\_ REPEATER \_\_\_\_\_

SEND TO: PSLARA

PO BOX 7461

PORT ST. LUCIE, FL 34985-7461