

SANTA FE AMATEUR RADIO EMERGENCY SERVICES (SFARES)

Membership Registration Form

NAME:	
CALL SIGN:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
EMAIL ADDRESS:	
HOME PHONE NUMBER:	
WORK PHONE NUMBER:	
CELL PHONE NUMBER:	
LICENSE CLASS:	

You may give the completed form to Chris (KG5SWG) at any SFARES monthly meeting or email it to him at kyranbk@gmail.com.