# MEMBERSHIP/ RENEWAL FORM

## FOOTHILLS AMATEUR RADIO SOCIETY

909 - 6 th. Street West , High River, Alberta, TIV-1B3

PLEASE SUBMIT BY NOV. 30 AND MAKE CHEQUE PAYABLE TO:
FOOTHILLS AMATEUR RADIO SOCIETY.

**. Please complete pages 1 – 3 and sign on pa**

**BANDS & MODES ACTIVE ON (check all that apply):**

| | | | |
|---|---|---|---|
| 160m | 80m | 40m | 30m |
| 20m | 17m | 15 m | 12 m |
| 10m | 6m | 2m | 70cm |
| SSB | AM | FM | CW - Morse Code |

**ARE YOU ABLE TO HELP WITH:**

| | | |
|---|---|---|
| EMERGENCY COMMUNICATION: | Yes ☐ | Maybe ☐ |
| FIELD DAY: | Yes ☐ | Maybe ☐ |
| REPEATERS: | Yes ☐ | Maybe ☐ |
| EXECUTIVE: | Yes ☐ | Maybe ☐ |
| NETS: | Yes ☐ | Maybe ☐ |

Comments:

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|---|
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**Thank you in advance for your time and kind generosity!**

**Please complete next page:**

# HOW MY PERSONAL DATA COLLECTED ON THE F.A.R.S. MEMBERSHIP APPLICATION CAN BE USED:

**CHECK ONLY THE ITEMS YOU APPROVE OF:**

**1 If I am a member, you may circulate to other members**

| | |
|---|---|
| **MY: Name** | ☐ |
| **Address** | ☐ |
| **Phone number** | ☐ |
| **Residence** | ☐ |
| **Work** | ☐ |
| **Cell phone** | ☐ |
| **E-mail address** | ☐ |
| **Call-sign** | ☐ |

**2 If I am on the F.A.R.S. Executive or a member of F.A.R.S. ARES, you may**

| | List on Website/ Profile | Circulate to the Membership |
|---|---|---|
| **MY: Name** | ☐ | ☐ |
| **Address** | ☐ | ☐ |
| **Phone number** | ☐ | ☐ |
| **Residence** | ☐ | ☐ |
| **Work** | ☐ | ☐ |
| **Cell phone** | ☐ | ☐ |
| **E-mail address** | ☐ | ☐ |
| **Call-sign** | ☐ | ☐ |

**3 Provide emergency communications information to those who might require ARES services (i.e.: RCMP, town officials, emergency services committees, etc.) when needed**

| | |
|---|---|
| **MY: Name** | ☐ |
| **Address** | ☐ |
| **Phone number** | ☐ |
| **Residence** | ☐ |
| **Work** | ☐ |
| **Cell phone** | ☐ |
| **Call-sign** | ☐ |

**I hereby APPROVE of my personal information being used for the purposes identified above, and only the information indicated by the above checkmarks.**

**Date:** _____ **Signature:** _____

**Print name:** _____

# F.A.R.S. MENTORING PROGRAM

***MENTORING is where an experienced individual takes someone under their wing and assists them in the developmental process. In this case, furthering their knowledge and/or practical abilities within the Amateur Radio framework.***

| | YES | NO |
|---|---|---|
| Are **YOU** interested in mentoring someone with less knowledge and/or practical experiences than you? | ☐ | ☐ |

Please indicate with a check mark which of the following areas you are prepared to mentor others:

- ☐ Theory: ☐ Basic ☐ Advanced
- ☐ C.W.
- ☐ Radio operating procedures
- ☐ VHF / UHF
- ☐ HF communications
- ☐ Mobile communications
- ☐ Handheld communications
- ☐ Repeaters: ☐ Set-up ☐ Maintenance ☐ Repair
- ☐ Digital
- ☐ Satellite communications
- ☐ A.R.E.S. (Amateur Radio Emergency Services)

☐ Other: (specify)_____

Can we post on the F.A.R.S. Website that you are prepared to act as a mentor?
If so, please indicate with a check mark what information we may post.

MY:

- ☐ Name
- ☐ Address
- ☐ Residence Phone ☐ Business Phone ☐ Cell Phone
- ☐ e-mail address
- ☐ Call-sign

Date: _____ Signature: _____

Print name: _____