

OROVILLE AMATEUR RADIO SOCIETY

MEMBERSHIP APPLICATION

I, the undersigned, do here by apply for membership in the Oroville Amateur radio society and hereby state that I will abide by the rules, regulations and ordinances of the Oroville Amateur Radio Society (OARS), the American Radio Relay League (ARRL), and the FCC Regulation Part 97.

Date:	
Last Name:	Call Sign:
First Name:	
License Class: Technician: General: Extra:	
Do you belong to another radio club? AMATEUR RADIO EQUIPMENT YOU CURRENTLY HAVE: HF:	
Modes used: Am; FM; SSB; CW; ATV; DIGITAL; VoiP; QRP; SSTV; SATELLITE; Other Equipment and/or Resources:	
Special Interests:	
Contact information: Street Address: City:	
State: Zip Code: Home Phone: Cell Phone:	
Work Phone:	
Email:	
Annual Dues:	
The annual dues must accompany the application for n	nembership in the OARS radio club. Make
Checks payable to the Oroville Amateur Radio Society.	
Dues: \$ PAID: Cash; Check	
I hereby make application for membership in the Orov	ille Amateur radio Society (W6AF).
Signature of applicant	 Date