# APPLICATION FORM FOR MEMBERSHIP IN THE SATELLITE AMATEUR RADIO CLUB, INC.

FULL NAME: _____ NICKNAME: _____

ADDRESS: _____ CITY-STATE: _____ ZIP: _____

CALL SIGN: _____ LICENSE CLASS: _____ EXPIRATION: 05/05/23

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ IF A VE, SPECIFY ARRL ☐ W5YI ☐

IF ACTIVE DUTY, OFFICE SYMBOL: _____ RANK _____

ARE YOU A MEMBER OF ARRL ☐ ARES ☐ RACES ☐ MARS ☐

HAVE YOU UPGRADED IN THE PAST YEAR? ☐ IF SO, FROM WHAT CLASS? _____

PLEASE CHECK EACH OF THE CAPABILITIES THAT YOUR STATION HAS

## WAVELENGTHS IN METERS

| | 160 | 80 | 40 | 30 | 20 | 17 | 15 | 12 | 10 | 6 | 2 | 1.25 | 0.70 | 0.33 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ATV** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **CW** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **FM** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **OSCAR** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **PACKET** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **RTTY** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **SSB** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **BASE** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **MOBILE** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **PORTABLE** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

NOW, PLEASE CIRCLE THE X THAT REPRESENTS YOUR COMMON OPERATION MODE

CAN YOUR BASE STATION OPERATE ON EMERGENCY POWER? ☐ ON BATTERIES? ☐

OTHER INTERESTS: _____

PLEASE CHECK THE CLUB ACTIVITIES THAT YOU ARE INTERESTED IN BEING INVOLVED WITH

| | | | | |
|---|---|---|---|---|
| ☐ PROGRAMS | ☐ FIELD DAY | ☐ CONTESTS | ☐ SWAPFEST | ☐ TRAINING |
| ☐ MAINTENANCE | ☐ NEWSLETTER | ☐ ANTENNAS | ☐ PUBLICITY | ☐ T-HUNTS |
| ☐ SATELLITES | ☐ TESTING | ☐ REPAIR | ☐ OTHER _____ | |

**I HEREBY APPLY FOR MEMBERSHIP IN THE SATELLITE AMATEUR RADIO CLUB, INCORPORATED**

**I AGREE TO ABIDE BY THE BYLAWS OF THE CLUB AND SUCH OTHER RULES THAT MAY BE PROMULGATED BY THE CORPORATION. I CERTIFY THAT I NOW HOLD AND WILL CONTINUE TO MAINTAIN A VALID AMATEUR RADIO LICENSE ISSUED BY THE F.C.C.**

**SIGNATURE:** _____ **DATE:** _____ **LICENSE CHECKED** _____

**ACCEPTED AS FULL / ASSOCIATE MEMBER BY SECRETARY** _____

**Satellite ARC, PO box 5117, Vandenberg SFB, CA. 93437 Please visit our website at WWW.SATELLITEARC.COM**