

MOUND AMATEUR RADIO ASSOCIATION APPLICATION FOR MEMBERSHIP

Please print legibly.

LAST NAME	FIRST NAME	MI
ADDRESS	CITY	ST ZIP
HOME PHONE	WORK PHONE	CELL PHONE M/F

Amateur Radio History

CALL	LICENSE CLASS	FORMER CALLS (if any)
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Date of first license

Are you affiliated with ARRL? YES / NO E-Mail

TYPES OF RADIOS YOU USE (MOBILE, BASE, PORTABLE, ALL)

Emergency Power?
Yes / No

HAM INTERESTS

TYPE OF VEHICLE

VEHICLE LICENSE #

DRIVER'S LICENSE #

Have you ever been convicted of a felony? Yes / No

If YES, please explain on back. Date/County/State – Reason for conviction, etc....

Have you ever had a violation against your Ham License? Yes / No

If YES, please explain on back.

FALSIFICATION OF THIS APPLICATION WILL RESULT IN IMMEDIATE DISMISSAL!

SIGNATURE
DATE