

St. Tammany
Amateur Radio Club
NO5LA



Serving Our Community Through Amateur Radio

Membership Application

Date: _____

Membership Type: Full Family Associate Amateur Under 18

Name: _____ Callsign: _____ Class: _____

Address: _____ Apt: _____ City: _____

State: _____ Zipcode: _____ / _____ E-mail: _____

Repeaters Monitored: _____

Equipment / Modes operated on:

VHF UHF HF Packet APRS HAMSAT

Other Membership

ARRL Yes / No ARES Yes / No Skywarn Yes / No RACES Yes / No

MARS Yes / No ARC Club Yes / No If yes, Club Name _____

Are you a volunteer with the American Red Cross Yes / No

If yes, what chapter: _____

If no, Are you interested in volunteering: Yes / No

Are you a Volunteer Examiner Yes / No If yes, which ARRL W5YI

If Not, are you interested becoming a VE? Yes / No

Emergency Contact Information:

Person to Contact: _____ Relationship: _____

Address _____ City: _____ State: _____ Zip: _____

Daytime telephone: _____ / _____ / _____ Other telephone _____ / _____ / _____

Signature

Callsign

Date