# TEHACHAPI AMATEUR RADIO ASSOCIATION

*a 501c3 Corporation*
P.O. Box 134
Keene , CA 93531

## Membership Application

**MEMBERSHIP TYPE:** *(Check all that apply)* **Application Date:** / /

| | | |
|---|---|---|
| ☐ New Member | ☐ Individual Membership | $25.00 / Year |
| ☐ Renewal | ☐ Family Membership | $12.50 / Add'l Family Member / Year |

**APPLICANT INFORMATION:**

| CALL SIGN | LICENSE CLASSIFICATION / LICENSE HELD |
|---|---|
| | ☐ Technician ☐ General ☐ Advanced ☐ Extra |

| FIRST NAME | LAST NAME |
|---|---|
| | |

| STREET ADDRESS | APT. / UNIT |
|---|---|
| | |

| CITY | STATE | ZIP CODE |
|---|---|---|
| | | |

| HOME PHONE NUMBER | CELL PHONE NUMBER |
|---|---|
| ( ) | ( ) |

| E-MAIL ADDRESS |
|---|
| |

**BACKGROUND Information:**

**Have you ever been convicted of a Felony?** ☐ **Yes** ☐ **No**

***If So, please provide details:***

**OTHER MEMBERSHIPS**

☐ **ARRL** ☐ **ARES** ☐ **CERT** ☐ **RACES** ☐ **REACT** ☐ **RED CROSS**
☐ **SATERN** ☐ **OTHER:** _____

**FAMILY MEMBERS in Household** **(Fill out only if completing a Family Membership)**

| Call Sign | Class (T/G/E) | First & Last Name | Age |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Internal Use Only**

| Amount Paid | Cash / Check | Date | Approval |
|---|---|---|---|
| | | / / | |

**Applicant Signature:** _____ **Date:** / /



***Revised: 10/12/2022***