



MEMBERSHIP APPLICATION FORM

Hassayampa Amateur Radio Klub

PO Box 322

Congress, AZ 85390

(PLEASE PRINT CAREFULLY)

Name: _____

Call Sign: _____ Class: _____

Spouse/Partner: _____

Your Arizona Location: _____

i.e., North Ranch, Congress, Wickenburg, etc.

Arizona Address: (Check One) Permanent Seasonal

Line 1: _____ (Physical Street Address)

Line 2: _____ (PO Box or Other)

Line 3: _____ (City/State/ZIP Code)

Permanent Address: (Unless the same as above)

Line 1: _____ (Physical Street Address)

Line 2: _____ (PO Box or Other)

Line 3: _____ (City/State/ZIP Code)

Preferred Phone: (_____) _____

Alternate Phone: (_____) _____

Email Address: _____

Are you a current ARRL MEMBER? YES NO (Check one)

Are you a member of an ARES/RACES organization? YES NO

If YES, Group Name: _____

Are you a certified Volunteer Examiner? (Check one or more)

NO YES - ARRL YES - W5YI YES - LARC

Date: _____ Escapees SKP# _____

This is for the ESCAPEES BOF
For the list of Amateur Radio Enthusiasts
And the ESCAPEES Hams List