



# B.A.R.A. MEMBERSHIP APPLICATION

**Bakersfield Amateur Radio Association, Inc.**

**P.O.Box 80222**

**Bakersfield, Ca. 93380-0222**



**DUES - \$20 for one, \$25 for family**

Date \_\_\_\_\_

Call sign \_\_\_\_\_ Class ( )N ( )T ( )TP ( )G ( )A ( )E

Last name \_\_\_\_\_ First name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Date of birth \_\_\_\_\_

Date first licensed \_\_\_\_\_ Other calls \_\_\_\_\_

Are you a member of ARRL \_\_\_\_\_ ARES \_\_\_\_\_ RACES \_\_\_\_\_

Other amateur societies \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

## **OTHER FAMILY MEMBERS IN HOUSEHOLD:**

Call \_\_\_\_\_ Class \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **AMATEUR INTRESTS AND REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

Would you like to be a member of a comittee for our club? \_\_\_\_\_

Please fill out this form and bring to meeting or mail to P.O. Box above.

