

SCARA



APPLICATION FOR MEMBERSHIP
Southcentral Connecticut
Amateur Radio Association
PO Box 302 BRANFORD, CT 06405-0302
E-mail KB1TTN@SCARA.US



Name: _____ Call: _____ Class: _____
Mailing Address: _____ Zipcode: _____
Home Phone: _____ Business Phone: _____
E-mail Address: _____ Date: _____

Equipment Presently in use:

HF: _____
2 Meter: _____
220 and up: _____
On which bands are you portable: _____
On which bands are you mobile: _____
On which bands can you run emergency power: _____
Miscellaneous equipment (rtty, SSTV, ATV, Packet, etc): _____

What is your occupation? You need not answer this question but we feel it is mutually beneficial to you and the club and its' other members to know what each of us does for a living. Failure to answer will have no effect on your application or subsequent membership: _____

What other hobbies do you pursue? _____

What other clubs do you belong to? _____

Do belong to: ARES _____ ARRL _____ CAP Any other emergency service, volunteer or otherwise: _____

Would you like to take part in emergency communications? _____

Would you like to take part in public service communications? _____

Would you like to take part in publicity events? _____

Other comments or pertinent information (continue on reverse if necessary) _____

Your application must be accompanied by a check payable to "SCARA" for 1 year's dues. Prorated on the 1st of January of the next year. Dues are \$18.00 per year for regular members. \$9.00 for full time students, seniors citizens 65 or over, and active military persons.

Were you referred for membership in SCARA by a current member? _____
If yes, by whom: _____