



ARCECS Club Membership Application

Kindly complete this form to apply for membership to the ARCECS club. You can fax this back to us at 516-368-3735 or scan and email it to us at Admin@ARCECS.org. Of course, we encourage you to bring it with you to any of our monthly meetings! Your application will be processed and you will be contacted by our membership coordinator. *Thank You!*

Full Name: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____ Fax: _____

Primary email: _____ Secondary email: _____

Your Call sign: _____ License Class: _____

Are you a VE? **Y N** Are you a RLI (Reg'd License Instructor)? **Y N** .

Do you have other ARRL credentials? (OES, NTS, Advanced Training, etc)? _____

Your Current Membership Status: **ARRL Y N** **AMERICAN RED CROSS Y N** _____

Are you interested in becoming a Red Cross volunteer? _____

Please list any other organizations to which you belong: _____

List your emergency radio capabilities: _____

Are you available to respond to emergencies? _____

Are you available to participate in club activities? _____

Are you familiar with amateur radio traffic handling procedures? _____

Do you have mobile and/or portable operating capabilities? _____

Bands? _____

What special professional skills do you possess? (electrician, tech, Med training, IT, teacher, etc) _____

This application is for:

____ Full Membership: Open to all license amateur radio operators. Full Voting privileges.

____ Student/Military membership: Open to all licensed amateur radio operators who are attending primary, secondary, or high school, or on active military service. Full voting privileges.

____ Associate Membership: Open to any unlicensed individual who has an interest in amateur radio. This membership does not automatically renew and does not carry voting privileges.

I attest that by submitting this application I am indicating my willingness to abide by the ARCECS Constitution and By-Laws, as well as all other rules promulgated by the organization. I also agree to participate in at least one organization activity per year and attend at least one business meeting per year.

Signed: _____

ARCECS Notes: _____

Date Rec'vd: _____ **By:** _____

Notes: _____

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Thank You!

Fax 516-368-3735
Email Admin@ARCECS.org