

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 (Check One):

____ **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.

I understand that Membership dues are paid to the organization at the January Business Meeting each year, and that dues for new members will be prorated at the time of membership approval.

Signed: _____

ARCECS Notes:

Date Rec'vd: _____ By: _____