



Name: _____ Call Sign: _____

License Class: _____

Address: _____

Phone Number: _____ Email Address: _____

Names and Call Signs of Additional members in household: _____

Do you operate HF? Yes No What bands do you operate? _____

Do you operate digital? Yes No If no, are you interested in digital? Yes No

Are you an ARRL member? Yes No Are you an ARES member? Yes No

What are your favorite operating activities?

- | | |
|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Parks on the Air | <input type="checkbox"/> Repeaters |
| <input type="checkbox"/> VHF Simplex | <input type="checkbox"/> Casual HF Rag Chewing |
| <input type="checkbox"/> Digital HF | <input type="checkbox"/> CW |
| <input type="checkbox"/> Satellite | <input type="checkbox"/> Contesting |
| <input type="checkbox"/> Chasing DX | <input type="checkbox"/> Other: _____ |

What types of club activities are you interested in?

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Field Day | <input type="checkbox"/> POTA |
| <input type="checkbox"/> Contesting | <input type="checkbox"/> Other: _____ |

Do you have a particular area of knowledge that you would be willing to share with the club?

What would you like to see the club achieve this year?

