



Jefferson Amateur Radio Club

MEMBERSHIP APPLICATION

WWW.W5GAD.ORG

New Membership Renewal Membership

PLEASE PRINT LEGIBLY!

FIRST NAME	M.I.	LAST NAME	SUFFIX	STATION CALL SIGN	OPERATOR LICENSE CLASS
MAILING ADDRESS (Number and Street or P.O. Box)				OCCUPATION	ARRL MEMBER? Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY		STATE CODE	ZIP CODE	BIRTHDAY (Month/Day)	SPOUSE NAME
CELL PHONE NUMBER	HOME PHONE NUMBER	E-MAIL ADDRESS			

Have you ever been issued a Notice of Apparent Liability (NAL) from the FCC? Yes No
 If you **do not** want to share your contact information with other members of the club, check mark this box.

Membership Desired: Full (\$36) Family¹ (\$18) Student (\$18) Associate² (\$36)

Select your interest from the following Amateur Radio activities:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> ARES | <input type="checkbox"/> ARRL Field Day | <input type="checkbox"/> Contesting | <input type="checkbox"/> CW Morse Code |
| <input type="checkbox"/> Digital Modes | <input type="checkbox"/> DXing | <input type="checkbox"/> Education | <input type="checkbox"/> Fox Hunting |
| <input type="checkbox"/> HF SSB | <input type="checkbox"/> Open House | <input type="checkbox"/> Presentations | <input type="checkbox"/> Satellite DXing |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> VEC VE | <input type="checkbox"/> VHF/UHF Repeaters | <input type="checkbox"/> Weekly Nets |
| <input type="checkbox"/> Working w/Youth | <input type="checkbox"/> Other: _____ | | |

By signing this application, you agree to accept the JARC Bylaws and Code of Conduct that are published on the club's Website at <https://www.w5gad.org/Policies and Procedures/>

Signature of Applicant: **X** _____ Date Signed: _____

Payment Option One: Make a check payable to **Jefferson Amateur Radio Club, Inc.** and mail with application to:

Jefferson Amateur Radio Club
 P.O. Box 73665
 Metairie, LA 70033-3665

Payment Option Two: Bring application with check to the next clubhouse meeting at the Wally Pontiff Jr. Playground.

FOR JARC USE ONLY					
VOTE DATE:	New Membership Sponsor:				
	Print Name _____	Signature _____	Call Sign _____		
RECEIVED DATE:	AMOUNT:	CHECK #	CASH:	MEMCMTE <input type="checkbox"/>	POSTED <input type="checkbox"/>

(1) Family Membership is Full membership plus \$18 for each additional family member living in the same household up to a maximum of \$72. Attach a separate application for each family member. (2) Associate Membership is a non-licensed radio operator member and shall have all club privileges, except the right to vote or hold office.

This is an interactive PDF form that is fillable on a PC/MAC computer using Acrobat Reader DC with the pdf extension installed in your browser.

Reset Form

JARC Membership Application
Revision 231026