



Shore Point Amateur Radio Club Membership Application

New Application Renewal Update Info Only

Call Sign: _____ License Class: _____

Name: _____

Telephone No.'s: Home: _____ Cell Phone: _____

ARRL member: yes no (circle one)

What other radio clubs are you a member of? _____

Do you want to be listed on SPARC's emergency call out list? yes no (circle one)

E-mail Address: _____

What email address would you like listed on the Club website?

Above address or your callsign@sparc.us (circle one)

Birthday: ____/____/____

Residential Address

Street Address: _____

City, State & Zip: _____

Mailing Address (if different)

St. or P.O. Box#: _____

City, State & Zip: _____

Application Type: Check if Senior (65 or older) Check if Disabled

Check if Family Membership

Check if Out-of-state Affiliation Only

Check should be made out to: Brian Freeman

(You may indicate SPARC Membership in the memo section.)

Applicant's Signature: _____ Date: ____/____/____

To be completed by repeater trustee

Date dues paid: ____/____/____ Amt.: _____

Trustee's Signature: _____ Date: ____/____/____

USER NUMBER:

(USER NUMBER IS ACTIVATED BY REPEATER OWNER WHEN DUES ARE PAID)