



Membership Application

| | | | |
|--|-------|--|-----------------------------------|
| Name | | Email | |
| Callsign | | Phone Number | |
| Address | | | |
| City | State | Zip | |
| Are you a licensed amateur radio operator? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, what is your license class? | | <input type="checkbox"/> Technician | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Technician Plus | <input type="checkbox"/> Advanced |
| | | <input type="checkbox"/> Novice | <input type="checkbox"/> Extra |
| Are you an ARRL member? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you an ARRL Volunteer Examiner? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

By signing below, you agree to abide by the rules of Coppell Amateur Radio Enthusiasts including our bylaws and membership code of conduct.

Signature

Bring this application along with \$25 cash or check to a meeting, or send this application and \$25 check made payable to:

Coppell Amateur Radio Enthusiasts
PO Box 546
Coppell, TX 75019-0546