

TRI-STATE AMATEUR RADIO SOCIETY P.O. BOX 4521 EVANSVILLE, IN 47724

MEMBERSHIP APPLICATION

Fill out if you want to join TARS. If you are already a member, please fill out to update records.

Name							Call		License Class		
Address	City				State		ZIP				
Telephone	E-Mail Address										
How many years have you been a ham?			1 yr or less 1-3 yrs		;	3-10 yrs 10		20 yrs	>20yrs		
Occupation:			ARRL Member				Birthday				
			YES		NO		Month		Day	Day	
Do you have any portable or	eme	gency equipment?									
HF	2 m	neter	440 MHz			Batteries			Generator		
Antennas	ΑΤ	/	Packet			Phone Patch			Other		
Use back of form if need	ed to	list special equip	oment and	d talents	ì.						
Favorite Ham radio act	ivity										
IMPORTANT! What types of programs would you like to have at TARS meetings?											
			С	lub Me	etings a	re th	e 2nd Thurso	day (of each	month at	
Regular Member	the Red Cross, 29 South Stockwell Rd., at 7:00 P.M.										
Add'l Reg. Family Me membership privile					ease give this application with						
Associate member Add'l Asso. Family M	y ·			our check payable to TARS to any club officer or mail to:							
membership privileg Senior Member (Age	TARS										
Add'l Senior Family membership privileg Student Member (thi school/non voting) Student Member/full. membership privileg Handicapped Membe (see bylaw s)				E	P O BOX 4521 EVANSVILLE, IN 47724						
				1		S					