



UMPQUA VALLEY AMATEUR RADIO CLUB, INC

Annual Family Membership Application YEAR: _____

NAME _____ CALL SIGN _____ LICENSE CLASS _____

STREET _____ CITY/STATE _____ ZIP _____

ARRL MEMBER YES NO E-mail Address _____

Other names at your address desiring family membership

NAME _____ CALL SIGN _____ LICENSE CLASS _____ ARRL MEMBER YES NO

NAME _____ CALL SIGN _____ LICENSE CLASS _____ ARRL MEMBER YES NO

Please show names the way you want them to appear in the roster

HOME PHONE _____ RECEIVE YOUR NEWS LETTER BY: U.S. MAIL OR E-MAIL(PDF)

RENEWAL _____ *AMT. ENCLOSED _____ DATE _____ (STUDENTS) _____

SPOUSE'S NAME _____

SIGNATURE _____

Membership is free for licensed students, 18 and younger.

Make checks payable to: UVARC, PO Box 925, Roseburg, OR 97470.