

# AARA Membership Application

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Call sign: \_\_\_\_\_ Amateur License Class \_\_\_\_\_

Date of App: \_\_\_\_\_

Dues: **Family** - \$40.00/yr, **Individual** - \$25.00/ yr, **Supporter** - \$15.00/yr (*Circle one*)

\* Make checks payable to: AARA

\* Check # \_\_\_\_\_

\* Full supporter (Family/Individual) dues are to be paid at the monthly meeting.

\* Supporters can mail their dues directly to our treasurer at:

Bradley Millsaps  
34 Ken Smith Ln  
Taylorsville, NC 28681

Your Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home#) \_\_\_\_\_

(Alternate #) \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Are you a member of the ARRL? \_\_\_\_\_

2. Are you a Volunteer Examiner? \_\_\_\_\_

3. Do you have the capabilities to work in the field during times of need?

Yes \_\_\_\_\_ No \_\_\_\_\_. (*Battery power, HT Etc*)

4. Can you be contacted 24 hours a day if necessary? \_\_\_\_\_ If no, what hours may we contact you? \_\_\_\_\_

5. What positions are you willing to hold in the Alexander County ARES/RACES?  
(*Check all that apply*)

EC \_\_\_ AEC \_\_\_ Net Control Station \_\_\_ Net Manager \_\_\_ Public

Relations \_\_\_ Treasurer \_\_\_ Secretary \_\_\_ Newsletter Editor \_\_\_ Teach

Amateur Radio Class \_\_\_ Serve as VE \_\_\_ Other

(specify) \_\_\_\_\_

\_\_\_\_\_

7. What is your past experience in public service/emergency communications?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you own a computer? \_\_\_\_ Do you have internet access? \_\_\_\_ Do you have a home page? \_\_\_\_ (URL)\_\_\_\_\_.

9. What Bands can you communicate on at this moment? (**2 Mtr FM is a requirement for membership**)

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10. What special Training can you bring to the group?

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11. What is your Home Gps Coordinates, if known? (Wgs84 datum)

\_\_\_\_\_ N \_\_\_\_\_ W

12. Briefly describe where you live. (Community, County, etc)

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13. In case of an Emergency who should we contact? (Name, Relationship, Contact#)

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14. If any, what concerns should we be aware of while out in the field?  
(Medical or physical limitations for safety and EC information)

\* Health information is volunteered\*

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15. What other Amateur clubs are you a member of?

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Members Signature and Date

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