

ROWAN AMATEUR RADIO SOCIETY
PO BOX 593
SALISBURY, NC 28145



November 2002

MEMBERSHIP APPLICATION

NAME&CALL: _____ CLASS: _____ ARRL MEMBER? _____

STREET ADR: _____

CITY, ST., ZIP _____

Phone _____

E-mail _____

Please write a short history of your Amateur life.(How interest began, when licensed first, events since that time, present equipment, etc.) _____

Describe your general operating habits (ie. Favorite bands, modes time of day, hours/week ect.) _____

What Frequencies/modes, other than those listed above, are you able to use? _____

What are your capabilities/limitations in case you were called for an emergency operation? _____

Name three goals you have in Amateur Radio. _____

List in order of enjoyment, three Amateur Radio activities you would like to do in the next 6 months. _____
