



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

2019

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 _____ Telephone _____

City _____ State _____ ZIP _____

E-Mail Address _____ Birthday mo: ____ day: _____

How long have you been a ham? _____ Are you an ARRL member? _____

What is your occupation?

Do you have any portable or emergency equipment?

| | | | | |
|----------|---------|---------|-------------|-----------|
| HF | 2 meter | 440 MHz | Batteries | Generator |
| Antennas | ATV | Packet | Phone Patch | Other |

Use back of form if needed to list special equipment and talents.

Do you check into any nets? ____ Which ones? _____

What is your favorite type of amateur activity? _____

IMP O RTANT!What type of programs would you like to have at TARS meetings? _____

Do you plan to use the TARS repeaters? ____ Which ones? _____

- ___ Regular Member \$25.00
- ___ Add'l Reg. Family Member/full. . . \$ 5.00 membership privileges
- ___ Associate member \$25.00
- ___ Add'l Asso. Family Member/full . . \$ 5.00 membership privileges
- ___ Senior Member (Age 65 or older). \$12.50
- ___ Add'l Senior Family Member/full. . \$ 2 .50 membership privileges
- ___ Student Member (through high . . .FREE school/non voting)
- ___ Student Member/full. \$12.50 membership privileges
- ___ Handicapped Member \$12.50 (see bylaws)

Please mail this application with your check payable to TARS to:

TARS
P O BOX 4521
EVANSVILLE, IN 47724

or give to any club officer

