



COASTSIDE AMATEUR RADIO CLUB 2020 MEMBERSHIP FORM

Date _____

I hereby apply for 2020:

New Membership Renewal In the Coastside Amateur Radio Club WA6TOW

Primary Membership:

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: # (____) _____ Txt: # (____) _____ Emergency Only

Class of License: _____ How long licensed? _____ ARRL ARES RACES CERT

If you are on packet, packet address: _____ Packet Freq: _____

Email address (if you have one): _____

Would you prefer to receive your newsletter electronically, in PDF format, rather than U.S. Mail? Y N

Family Membership:*

Name: _____ Call: _____

If you are on packet, packet address: _____ Packet Freq: _____

Class of License: _____ How long licensed? _____ ARRL ARES RACES CERT

Email address (if you have one): _____

Membership Dues through 2020:

Primary: \$20.00/year or \$2.00/month (for less than a 1 year membership).

*Family: \$3.00/year for each additional family member at the same address sharing one newsletter.

I am enclosing:

For Primary Dues \$ _____ 1 Year ___ month(s)

For Family Dues \$ _____

Donations:

Repeater Fund \$ _____

Packet/Digipeater Fund \$ _____

TOTAL ENCLOSED \$ _____

Check One

Please make checks payable to "Coastside Amateur Radio Club" and mail to:

**Coastside Amateur Radio Club
P.O. Box 1106
Pacifica, CA 94044**