

Arkansas Valley Amateur Radio Club Information Sheet

Please print **CLEARLY**.

Last Name _____ First Name _____

FCC Call _____ FCC License Class _____

ARRL Member: Yes___ No___ Life___ Volunteer Examiner___

Spouse _____

Primary Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Secondary Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

E-mail _____

Equipment

Mode: Fixed Mobile

HF _____

VHF _____

UHF _____

Digital _____

Generator _____

Other equipment/comments _____

Optional: Birthday: _____ Spouse's Birthday: _____

**Please return completed form to: Mike Wadleigh, PO Box 212, Cheraw, CO 81030
or scan and e-mail to teresa7575@hotmail.com. (Use "AVARC FORM" as the
subject line.)**