



# Membership Application

Sudden Valley Amateur Radio Club  
20 Southern Ct  
Bellingham, WA 98229  
360-656-6305

DATE: \_\_\_\_\_

\*\*\* PLEASE PRINT \*\*\*  Mark All That Apply \*\*\*\*\*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: (Month/Day **ONLY!**) \_\_\_\_/\_\_\_\_ NICKNAME (if preferred): \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
(STREET) CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_  
(STREET) CITY STATE ZIP

TELEPHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

E-Mail: \_\_\_\_\_

HAM CALL: \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_ Expire Date: \_\_\_\_\_

VEC:  Other Clubs/Organizations: \_\_\_\_\_

ARRL Member:  ID# \_\_\_\_\_ TYPE: \_\_\_\_\_

Washington State Emergency Worker:  ID#: \_\_\_\_\_ AGENCY: \_\_\_\_\_

Red Cross: Basic  CPR  C.E.R.T. Basic  Instructor  MARS:

FEMA-ICS: ICS-100  ICS-200  ICS-700  ICS-800  ICS OTHER: \_\_\_\_\_

Other EMCOMM: \_\_\_\_\_

## CAPABILITIES + EXPERIENCE (Check all that apply)

2 Meters: Home/Base:  Mobile:  Go-Kit:

70 cm : Home/Base:  Mobile:  Go-Kit:

HF: Home/Base:  Mobile:  Go-Kit:

Digital:  WinLink/Air Mail:  CW:

SSTV:  Other: \_\_\_\_\_

### \*\*\* CLUB USE ONLY \*\*\*

Amount Received: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Check# \_\_\_\_\_

By: \_\_\_\_\_

Notes: \_\_\_\_\_