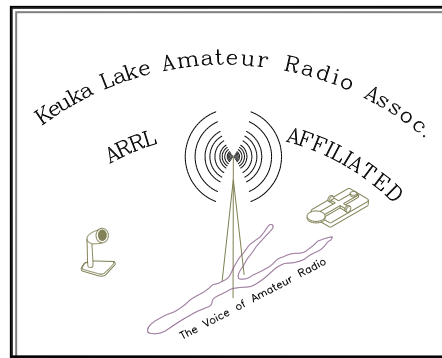


Keuka Lake Amateur Radio Association Membership Application and Membership Renewal Form



Name _____

Mailing Address _____

Physical Address (if different) _____

Call Sign _____ License Class _____ Expires _____

VE Credentials? Y / N ARRL Member? Y / N

Home phone _____

Cell phone _____ Text: Y / N

Email Address _____

Emergency Contact _____

(Name and phone numbers)

For Club Use:	
Date	_____
Amount Pd	_____
Cash/Check	_____
For Year:	_____
Rec'd by	_____
cc: Ass't Webmaster	_____
Emer Coordinator	_____
Correspond Secy	_____

Membership dues support the Keuka Lake Amateur Radio Association: repeater maintenance, equipment updates, website, mailings, etc. Membership dues are \$20 per year (September 1 to August 31). Licensed paid members and their licensed immediate family members living at the same address may vote and/or hold office in the Keuka Lake Amateur Radio Association.

FCC-licensed family members:

Call Sign	Name	License Class	License Expires	Cell Phone/Email

Please make checks payable to: K.L.A.R.A.

Mail to our Treasurer: Ruth Walters KD2FRT, 5475 Oregon Road, Bath NY 14810 (607) 776-2336

Please indicate activities in which you are, or may be interested:

- | | |
|--|--|
| <input type="checkbox"/> Monthly programs
<input type="checkbox"/> Repeater maintenance
<input type="checkbox"/> Tower climbing
<input type="checkbox"/> Morse Code operation
<input type="checkbox"/> Echo Link
<input type="checkbox"/> D-STAR
<input type="checkbox"/> RTTY
<input type="checkbox"/> Satellite Communication | <input type="checkbox"/> ATV operation
<input type="checkbox"/> APRS
<input type="checkbox"/> Volunteer communications for events such as:
<input type="checkbox"/> Wineglass Marathon
<input type="checkbox"/> WCCB Regatta
<input type="checkbox"/> Emergency preparedness drills |
|--|--|

Do you have back-up power: Y _____ N _____ If so, what type? _____

Equipment available: Portable _____ Mobile _____ Base _____

Emergency Availability (hours): Day _____ Night _____ Varies _____

In an emergency, are you willing to go mobile? Y / N Your vehicle: 4X4 _____ Pick-up truck _____ Other _____

Your training and/or experience (i.e., Skywarn, Red Cross, FEMA/ICA, medical, firefighter, etc.):
