

**The Amateur Radio Club of Shreveport**  
**P. O. Box 995**

**Shreveport, Louisiana 71163-0995**

**APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_ CALL \_\_\_\_\_

ADDRESS \_\_\_\_\_ LICENSE CLASS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S CALL (IF ANY) \_\_\_\_\_

LICENSE EXPIRATION DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PRIMARY RADIO INTEREST \_\_\_\_\_

CAN YOUR HOME STATION OPERATE WITHOUT COMMERCIAL POWER? \_\_\_\_\_  
IF 'YES'. ON WHAT BANDS? 160 80/75 40 30 20 17 15 12 10 6 2 UHF

WILL YOU SERVE THE CLUB IN A SPECIAL CAPACITY (Trustee, Trainer, Editor, Officer, etc.)  
DURING THE COMING YEAR? \_\_\_\_\_ WHAT POSITION? \_\_\_\_\_

ARE YOU PRESENTLY AN A.R.R.L. MEMBER? \_\_\_\_\_ LIFE MEMBER? \_\_\_\_\_  
DO YOU HOLD AN A.R.R.L. APPOINTED POSITION? \_\_\_\_\_  
DO YOU OWN A HAND-HELD PORTABLE RADIO? BAND(S)/MODE \_\_\_\_\_

PLEASE CIRCLE THE BANDS / MODES ON WHICH YOU ARE ACTIVE:

CW 160 80 40 30 20 17 15 12 10 6 2 UHF PACKET 160 80 40 30 20 17 15 12 10 6 2 UHF  
PHONE 160 80 40 30 20 17 15 12 10 6 2 UHF MOBILE 160 80 40 30 20 17 15 12 10 6 2 UHF  
OTHER MODES

\*\*\*\*\*

The above applicant agrees to comply with all Rules and Regulations as set forth in the by-laws of the Amateur Radio Club of Shreveport (ARCOS), and in Part 97 of the F.C.C. Rules and Regulations.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Endorsed by (Three Club member signatures required for consideration):

(1) NAME \_\_\_\_\_ CALL \_\_\_\_\_ DATE \_\_\_\_\_

(2) NAME \_\_\_\_\_ CALL \_\_\_\_\_ DATE \_\_\_\_\_

(3) NAME \_\_\_\_\_ CALL \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION PRESENTED FOR VOTE ON \_\_\_\_\_ APPROVED / REJECTED

Regular Membership is \$12.00 per year. Senior members (65 years+) \$6.00 per year. Additional family members with voting privileges, \$6.00 per year; without voting privileges, no charge. A one-time initiation fee of \$5.00 is added for new members ONLY. Please mail this completed application with dues, payable to ARCOS, to the above address.

THANK YOU FOR YOUR INTEREST IN and SUPPORT of ARCOS!