



Livonia Amateur Radio Club

P.O. Box 51532, Livonia, Michigan 48151-5532
Membership Application Form



Name: _____ Call: _____

Class: _____ Date: _____

Email Address: _____

Address: _____ Birthdate: _____

Year Licensed: _____ Year Expires: _____

Telephone (Home): _____

Telephone (Work): _____

ARRL Member: Yes No Date membership expires: _____

RACES Member: Yes No Sky Warn Spotter: Yes No

Other Radio Club Memberships: _____

What is your occupation: _____

What Bands do you operate: (circle) 160 80 40 30 20 17 15 12 10 6 2 1.25 0.70 other

What do you like to do best in Amateur Radio: _____

Please summarize station equipment: _____

Do you have an emergency power source Yes No

How did you find out about the LARC? Swap Fellow Ham Club Mailing
 On the Air Club Member (Name) _____ Other _____

If accepted as a club member, will you be able to assist on various committees?
 Yes No Maybe What Committees? _____

Do you have any experience in Swap & Shop operation? Yes No

If so, what areas are you familiar with? _____

What programs can you obtain or give for a club meeting? _____

Why do you wish to become a LARC member? _____

Do you have any special talents or experiences that could benefit the LARC? _____
