



MEMBERSHIP APPLICATION

PSLARA

PORT ST. LUCIE AMATEUR

RADIO ASSOCIATION

DATE _____ CALL _____ CLASS OF LICENSE _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

LOCAL PHONE # _____ CELL # _____

FULL TIME OR WINTER RESIDENT _____

SECONDARY ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP _____

BIRTHDAY _____ CLUB SHIRT SIZE _____ PAID _____

FREQUENCY BANDS USED _____

DO YOU HAVE EMERGENCY POWER? _____

EMAIL ADDRESS _____

MEMBERSHIP DUES PAID _____ DATE _____

ARRL MEMBER _____

WOULD YOU LIKE TO SERVE ON A COMMITTEE

BUDGET _____ MEMBERSHIP _____ NOMINATING _____ PROGRAM _____ REPEATER _____

SEND TO: PSLARA

PO BOX 7461

PORT ST. LUCIE, FL 34985-7461