



NEWPORT COUNTY RADIO CLUB

W1SYE

APPLICATION FOR MEMBERSHIP

-INTERNET VERSION-

NAME:		CALL SIGN:
ADDRESS:	CITY/TOWN:	STATE AND ZIP:
PHONE #:	EMAIL (IF ANY):	

1. WHAT PHASES OF AMATEUR RADIO ARE YOU INTERESTED IN? _____
2. WHAT IS YOUR PRESENT CODE SPEED? _____ WPM
3. ARE YOU INTERESTED IN NET TRAFFIC OR EMERGENCY OPERATION? YES NO
4. WOULD YOU BE INTERESTED IN AMATEUR RADIO CLASSES? YES NO
5. ARE YOU A MEMBER OF THE ARRL? YES NO
6. DO YOU PRESENTLY HAVE A STATION ON THE AIR? YES NO

IF YES, WHAT BANDS? _____

By signing and dating this completed application, you are requesting membership in to The Newport County Radio Club. When approved, you agree to abide by the constitution and by-laws of The Newport County Radio Club.

SIGNATURE OF APPLICANT

DATE

PRESIDENT

DATE APPROVED