Butler County Amateur Radio Association

www.BCARA.net

New Member Application and Current Member Information Update

NOTE: Your member information will be published in the member's only section of the roster and will be accessible **only to members** on the BCARA web site. BCARA is sensitive to each member's right to privacy with regard to email addresses, telephone numbers and birth dates. However all of the information is required to enable the officers to contact you. You can opt-in or opt-out of having your email address, telephone number(s) and date of birth shown in the roster. Place an "X" by the **YES** or **NO** behind each item to indicate your preference. Current street addresses which are easily available in the FCC Amateur License Database will be published.
Additional family members living in the same household can be added at no charge. Use a separate application for additional members.

This is a fill-in PDF form. Use your TAB key to step through to each field. Or print it and complete it by hand and mail it in

ARRL Member: **YES:_____ NO:_____** (Place an "X" on the appropriate lines)

Licensed Amateur Operator: **YES:_____ NO:_____** **Note:** License not required for membership

If **YES**, **Call Sign:** _____ **Class: EXTRA:____ ADVANCED:____ GENERAL:____ TECHNICIAN:____ NOVICE:____**

Full Name: _____ Are you an Additional Family Member: **YES:_____**

Address: _____ If **YES** then Primary member's **Call Sign:**_____

City: _____ **State:** _____ **Zip:** _____

E-Mail: _____ **Show in Roster**: **YES: _____ NO: _____**

Home Phone: _____ **Show in Roster: YES: _____ NO: _____**

Cell Phone: _____ **Show in Roster: YES: _____ NO: _____**

Birth Date: _____ **/** _____ (Month and Day) **Show in Roster: YES: _____ NO: _____**

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Current capability: **HF:_____ VHF:_____ UHF:_____** (Place an "X" on all lines that apply)

Interests: **PHONE:_____ CW:_____ DIGITAL:_____ QRP:_____ QRO:_____ SATELLITES:_____ EME:_____**

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I have read and understand the Constitution and By-Laws. When accepted in BCARA I agree to abide by the Constitution and By-Laws.

Signature: _____ **Date:** _____

New members require recommendation signatures from two current BCARA members below:

Signature**:** _____ Signature**:** _____

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Save the file to your computer, print and sign the completed form. Mail this application with your Dues payment to:

BCARA
7035 Morris Rd.
Hamilton, OH 45011

OR

Bring the application with dues payment to one of our monthly meetings
See our website for dates and location:
http://www.bcara.net/

Note: Membership dues are $25 annually (January through December). If you are joining BCARA after June 30, dues are pro-rated for a half year for the remainder of that membership year ($12.50).
Additional family members living in the same household can be added at no charge.

----------**Do not write below this line**----------

Dues Paid: $_____ Website Account Setup Email address setup Comments: