



Chilliwack Amateur Radio Club Membership Form

Registration Form Please Print Neatly

Name: _____ Call sign _____

Address

_____ Postal Code _____

Email: _____ Phone 604-

Pager 604- _____ Cell 604- _____

Next of Kin –
Name _____

Former Amateur Radio Club
Memberships _____

References:

Name:

Phone number:

E-mail address:

Employment (if retired last job:)

Special Skills:

Note: All applications when completed are submitted to the Club Executive for approval for recommendation to the general membership.

Note: All information on this form is kept strictly *CONFIDENTIAL*

Details of Personal Radio Equipment

Bands	160 m	80m	40m	20m	15m	10m	144	440
Base								
Mobile								
Handheld								
Packet								
CW								

Base station back up power: Yes_____ No_____

Batteries: Yes_____ No_____

Gen Set: Yes_____ No_____ Solar: Yes_____ No_____

Type of base
antenna(s)_____

Emergency back up
antenna(s)_____

Do you know how to handle formal Traffic / Messages:
Yes_____ No_____

Are you interested in participating in Public Service events:
Yes_____ No_____

Are you interested in participating in Training Exercises:
Yes_____ No_____