

Beaver Creek Amateur Radio Association

BCARA Membership Application

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Email address: _____

I agree to abide by the BCARA Constitution and By-laws.

Signature: _____ Date: _____

Call Sign Expiration date:

Amateur: _____

GMRS: _____

Other: _____

SWL Yes _____ No _____ (Short Wave Listener)

Scanner Yes _____ No _____ (Scanner Listener)

ARRL Yes _____ No _____

List all communications interests: Use back of form if more space is needed

Association usage in this space

Date Received:

Date processed:

Received by:

Secretary:

Initial Membership Tier:

Application