



AMATEUR RADIO ASSOCIATION OF THE SOUTHERN TIER, INC.

PO Box 614, Horseheads, NY 14845-0614

Web Site: www.arasth3.org

Membership Application/Update Form

Memberships run from 10/1 through 9/30 of each year.

Membership E-Mail Address: **Membership@arasth3.org**

Call Sign:	Class:	ARRL Member: <input type="checkbox"/> YES <input type="checkbox"/> NO	License Expiration Date:
Name:		County:	Date:
Street:			
City:		State:	Zip:
Home Phone:		Cell Phone:	Text: <input type="checkbox"/> Y <input type="checkbox"/> N
eMail Address (Primary):			
eMail Address (Alternate):			
Please list any other licensed Amateur Radio operators living in your household:			
Call / Name: _____		Call / Name: _____	
Call / Name: _____		Call / Name: _____	
TYPE OF MEMBERSHIP			
<input type="checkbox"/> New Licensee (1 st Year Free) <input type="checkbox"/> Family Membership (\$15) <input type="checkbox"/> Individual (\$12) <input type="checkbox"/> Retired (\$10)			
Please list all members of your immediate household, that are not listed above, who will be involved in amateur radio activities (i.e. helping at events or fund raisers) as a result of your membership. This list is needed for insurance purposes.			
Name: _____		Name: _____	
Name: _____		Name: _____	
<p>Make checks payable to: ARAST, Inc. Please mail completed form with applicable fees to: ARAST, INC. ATTN: MEMBERSHIP CHAIRPERSON PO BOX 614 HORSEHEADS, NY 14845-0614</p>			

EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	Phone:

INTERESTS

<input type="checkbox"/> HF	<input type="checkbox"/> VHF	<input type="checkbox"/> UHF	<input type="checkbox"/> Packet Radio	<input type="checkbox"/> APRS
<input type="checkbox"/> ATV	<input type="checkbox"/> Slow Scan TV	<input type="checkbox"/> Moon Bounce	<input type="checkbox"/> Contests	<input type="checkbox"/> ARRL Field Day
<input type="checkbox"/> Web Site Design	<input type="checkbox"/> Hamfests - Attend	<input type="checkbox"/> Hamfest-Organize	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Repeater Tech
<input type="checkbox"/> Radio Tech	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Emergency Comm	<input type="checkbox"/> Public Relations	<input type="checkbox"/>

MISCELLANEOUS INFORMATION

Volunteer Examiner (VE) <input type="checkbox"/> YES <input type="checkbox"/> NO	VE Group:
Military Auxiliary Radio System (MARS) <input type="checkbox"/> YES <input type="checkbox"/> NO	MARS Call: <input type="text"/> Service: <input type="text"/>

AMATEUR RADIO EMERGENCY SERVICE INFORMATION

AVAILABILITY

<input type="checkbox"/> 24/7	<input type="checkbox"/> M - F DAYS	<input type="checkbox"/> M - F EVES	<input type="checkbox"/> SAT/SUN DAYS	<input type="checkbox"/> SAT/SUN EVES
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CAPABILITIES

	CW	SSB	FM	MOBILE	Portable	Packet	Emer Power
160							
80							
60							
40							
30							
20							
17							
15							
12							
10							
6							
2							
220							
440							

- Is your emergency power portable? YES NO
 Do you have experience handling format (NTS) traffic? YES NO
 Do you have experience as net control? YES NO
 Do you have experience working Amateur Radio in an actual emergency? YES NO