



**Yakima Amateur Radio Club  
Membership Application Form**

**Name:** \_\_\_\_\_

**Call Sign:** (leave blank if none): \_\_\_\_\_

**Call Sign:** (Family Membership): \_\_\_\_\_

**Mailing Address:**

**(Apt #, Box #, Street)** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Email Address(s):** \_\_\_\_\_

**Home phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**License Class:** \_\_\_\_\_ **ARRL Member:** \_\_\_\_\_

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**Annual Membership dues are Single or Family \$20.00**

**Can your home station be operated without commercial power  
(consider HT)** \_\_\_\_\_

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**For Club Secretary: Date form received:** \_\_\_\_\_

Yakima Amateur Radio Club  
P O Box 9211  
Yakima, WA 98909-0211