

OZONE AMATEUR RADIO CLUB
P. O. Box 553, Slidell, LA 70459
Membership Application

Call Sign _____ First Name _____ Last Name _____

House No. _____ Street _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Cell _____

ARRL Member (circle one) Yes / No Email Address: _____

Family members (Names and call signs if available) _____

Do you want to be included on the email list? (circle one) Yes / No

If there is any of this information that you do not wish to have included in the club directory, indicate on the back of this form.

Place an "X" to indicate bands/modes you can operate.

MODE	160	80	60	40	30	20	17	15	12	10	6	2	220	440
SSB														
CW														
DIGITAL														
FM														
MOBILE														
PACKET														
D-STAR														
C4FM														
DMR														

If operating packet, call sign of your home BBS and/or PBBS _____

Can you operate during emergency conditions? (circle one) Yes / No

I hereby apply for new/renewal membership in the Ozone Amateur Radio Club, Inc. as set out in the following: I understand that this application is subject to the approval of the club membership, and I agree to abide by the Constitution and By-Laws of the organization. **This application must be presented in person at an O. A. R. C. business meeting (first Thursday of each month).**

Signed _____

Application for:

{ } Regular membership (\$25.00) _____

{ } Family membership (two) (\$30.00) _____

{ } Additional member (\$6.00) _____

_____ TOTAL

Treasurer