

MEMBERSHIP APPLICATIONS

South West Louisiana Amateur Repeater Club, Inc.



www.swlarc.com

officers@swlarc.com

P.O Box 7244, Lake Charles, LA 70606

Membership: Regular Family Associate Student (circle one)

Full Name _____ Nick Name _____ DoB _____

Call Sign _____ License Class: Technician General Advanced Extra (circle one)

FCC License Date (original if known) _____ Original Call Sign _____

FCC License Expiration Date _____ or Date Last Renewed _____

Street Address _____

City _____ St _____ Zip _____

Mailing Address (only if different) _____

City _____ St _____ Zip _____

Email Address _____

ARRL Member Yes No (circle one)

Phone _____ Home _____ Work _____

XYL's / XOM's Name _____ Call Sign _____ License Class _____ Phone _____

DoB _____
Date of Birth

With this application for membership, I duly affirm that the information is true and accurate, and I will conform to and abide by the Southwest Louisiana Amateur Repeater Club, INC.'s Rules, Articles of Incorporation, Bylaws, and The Amateur Radio Code of Conduct . I am authorizing the Southwest Louisiana Amateur Repeater Club, INC. to do background checks, confirm my license status with the FCC, and other organizations, such as QRZ.com, ARRL.org and other third parties as necessary. In addition, I accept that this personal information may be shared in trying to verify the information given herein, I accept the Privacy Polices of the SWLARC that no information shall be given without my consent, other than for the purpose of this application for membership.

Signature of Applicant or Guardian on behalf of Applicant .

_____ Date _____

Print Name of Guardian if applicant is under the age of 18 years

_____ Phone _____ Date _____

VERIFICATION (Circle if or when complete)

Official use only

QRZ Pass Yes No ARRL Pass Yes No BackGround Pass Yes No Date _____

MemberShip Accepted by _____ Yes No Accepted by _____ Yes No Club Vote Yes No
Call Sign Call Sign