

HOODVIEW AMATEUR RADIO CLUB MEMBERSHIP FORM, PO Box 951, Gresham, OR 97030

Name: _____ Call Sign/License Class: _____
 Spouse Name: _____ Call Sign/License Class: _____
 Address: _____ Birth Date: _____
 City: _____ Spouse Birth Date: _____
 State: _____ Zip: _____ Work Phone: _____ Home Phone: _____
 Email: _____ Cell Phone: _____

- Change of name, address or other information
 - Regular Adult Membership (NEW) (RENEW) \$20.00/yr _____
 - Under 18 or over 65 Membership (NEW) (RENEW) \$20.00/yr _____
 - Family Membership (NEW) (RENEW) \$25.00/yr _____
 - Patron Donation _____
 - Repeater Donation _____
 - Scholarship Donation _____
- TOTAL _____



I am interested in: (Circle as many as apply)

CW	Newsletter	Holding Office	Committees	Emergency Services	Net
ATV	Contesting	Special Events	Packet	Satellite Antennas	
DX	Repeater	Public Service	Field Day	Other: _____	