

**KONA AMATEUR RADIO SOCIETY (KARS)
P.O. Box 4883, Kailua Kona, HI 96745
MEMBERSHIP APPLICATION 2006**

If renewal, we need only Date, Call, Name, and any changes.

DATE: _____

Callsign: _____ **Class:** _____ **Expiration:** _____

Name: (Please Print) _____

Family Members and calls: _____

Mailing Address: _____

Telephone: Home _____ Work _____ Fax _____
Phone will be listed in membership roster unless box checked. No()

Email: _____
EMAIL address will be listed on the club web roster unless box checked. No()

Please select type of membership: New () Renewal ()

REGULAR \$20/year () Any Big Island resident HAM and shall have voting privileges.

ASSOCIATE \$20/year () Any unlicensed individual or non-resident HAM. No voting privileges.

FAMILY \$33/year () For Ham, Spouse and children resident in the County of Hawaii.
This type of membership has one vote per licensed family member.
Optional Donation () Purpose _____

EMERGENCY COMMUNICATION CAPABILITIES

HF Mobile: () Bands 160, 80, 40, 20, 15, 10 (please circle bands available)
HF Base: () Bands 160, 80, 40, 20, 15, 10 HF Base Emergency Power? ()
VHF (2M): Mobile () HT () Base () VHF Base Emergency Power? ()
UHF:(440): Mobile () HT () Base () UHF Base Emergency Power? ()
Modes: SSB() CW() FM() RTTY() Packet() PSK() SSTV()
Citizens Band Mobile() HT() Base() CB Base emergency Power()

Medical Skills _____ CPR () First Aid ()
Red Cross Training _____

Member of: ARRL () ARES () RACES () MARS () VE ()

OTHER _____

I the undersigned, apply to use HAM repeaters and club station facilities sponsored by KARS. I understand that use of the facilities is restricted and conditional, and agree to all FCC rules and procedures as well as station trustee direction, pertaining to the use of repeaters or other club ham equipment. I will try to follow "The Amateur's Code" as published in the ARRL Handbook and will encourage others to do the same. I will also review the manuals and obtain permission from the trustee before using club equipment. I understand and agree that refunds will granted only in the event this application is not accepted.

Signature _____ **Date** _____ Rev 2/2006