



HANCOCK AUXCOMM TEAM

MEMBERSHIP APPLICATION

NEW _____

Renew _____

Name: _____ Date Of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 E-Mail: _____

Call Sign: _____ Class: N: T: G: A: E:

Membership: Full: Associate: Student: Family:

Available Equipment / Modes / Power

VHF Base: Mobile: Portable:
 UHF Base: Mobile: Portable:
 HF Base: Mobile: Portable:
 Emergency Power Available YES: NO:

Areas Of Interest - Check all categories you are interested in or have skills / experience in

HF	DX: <input type="checkbox"/> Contesting: <input type="checkbox"/> Traffic Handling: <input type="checkbox"/> Digital Modes: <input type="checkbox"/> CW: <input type="checkbox"/> RTTY: <input type="checkbox"/> RDF: <input type="checkbox"/> PSK31: <input type="checkbox"/> Slow-Scan TV: <input type="checkbox"/> SSB: <input type="checkbox"/>
VHF/UHF	Satellite: <input type="checkbox"/> Amateur TV: <input type="checkbox"/> Digital Modes: <input type="checkbox"/> Meteor Scatter: <input type="checkbox"/> Repeaters: <input type="checkbox"/> APRS: <input type="checkbox"/> Packet: <input type="checkbox"/> Digital Voice (DMR): <input type="checkbox"/> Echo Link: <input type="checkbox"/> RDF: <input type="checkbox"/> Moon Bounce: <input type="checkbox"/> SSB: <input type="checkbox"/>
Public Service	ARES/RACES: <input type="checkbox"/> Traffic Handling: <input type="checkbox"/> Net Control: <input type="checkbox"/> Public Relations: <input type="checkbox"/> Emergency Response: <input type="checkbox"/> Disaster Relief: <input type="checkbox"/> Public Event Assistance: <input type="checkbox"/>
Education	VE: <input type="checkbox"/> (VEC: _____) Elmer: <input type="checkbox"/> Youth Coach: <input type="checkbox"/>
Ham Brew	Transmitters: <input type="checkbox"/> Digital Modes: <input type="checkbox"/> Printed Circuits: <input type="checkbox"/> Computer Software: <input type="checkbox"/> Mechanical: <input type="checkbox"/> Receivers: <input type="checkbox"/> Antennas: <input type="checkbox"/> Test Instruments: <input type="checkbox"/> RF Circuits: <input type="checkbox"/>

For Family Memberships

Name: _____ Call/Class: _____ D.O.B: _____
 Name: _____ Call/Class: _____ D.O.B: _____
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Disclaimer & Waiver: In applying for membership in H.A.T. I understand that some activities are potentially hazardous. If I am injured or killed while participating in a H.A.T. activity, I and/or my heirs agree to hold harmless H.A.T. and its Officers, Directors, and Members. I also Agree to comply with the Constitution and
 Signature: _____ Date: _____

CLUB USE ONLY

Treasurer Dues Pd: Yes No \$ Cash: Check# _____
 Board Approval: Yes No Secretary: Date Filed: _____

For Additional Information check out our Facebook page at www.facebook.com/HancockAuxcomm or email us at Secretary.HancockAuxComm@Gmail.com