



Hancock Auxcomm Team

Membership Application

Full Name: _____ DOB: (MM/DD/YYYY) _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 E-Mail Address: _____

Callsign: _____ Class: Novice ___ Technician ___ General ___ Advanced ___ Amateur Extra ___

Membership Type: Full ___ Associate ___ Student ___

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 areas of interest or skills / experience

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"/>

Family Memberships

Name: _____ Call / Class: _____ DOB: _____
 Name: _____ Call / Class: _____ DOB: _____
 Name: _____ Call / Class: _____ DOB: _____

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 H.A.T. Constitution and Bylaws as well as the rules and regulations of the Federal Communications Commission.

Signature of Applicant: _____ Date: _____

CLUB USE ONLY

Treasurer: Dues Pd: Yes No

\$ _____ Cash: Check# _____

Board Approval: Yes ___ No ___

Secretary: Date Filed: _____