



**Roanoke Valley Amateur Radio Club**  
**P.O. Box 2002 Roanoke, VA 24009**

**MEMBERSHIP APPLICATION**

**PERSONAL DATA**

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Call Sign \_\_\_\_\_ Email \_\_\_\_\_

Family Members

Name _____	Relation _____	Call Sign _____
Name _____	Relation _____	Call Sign _____

**TYPE OF MEMBERSHIP**

Full Member

Annual Dues \$35.00

**D**

Full membership will also include any family members living in your household that has an amateur call sign. Please provide family members if applicable.

Associate Member

Annual Dues \$25.00

**D**

Associate membership is available to individuals unable to participate as full members for reasons such as full time attendance at school, residence or work location outside the local area, or other mitigating circumstances. Associate membership requires Board approval.

*Reason for requesting Associate Membership –*

Make check payable to: RVARC

Submit application to: Roanoke Valley Amateur Radio Club  
PO Box 2002  
Roanoke, VA 24009

Contact Person: Ray Pillow  
Phone: (540) 380-2116

