



# CAUHF Membership Application

## Central Arkansas UHF Group

10807 Crestdale Lane

Little Rock, AR 72212

[www.cauhf.org](http://www.cauhf.org)



Date: \_\_\_\_\_  Change of Address  Renewal  New Application

Please note on the form if you are a members of the ARRL. We do encourage ARRL membership but it is not required.

### Primary Member

ARRL Member  Volunteer Examiner

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

Call: \_\_\_\_\_ Class: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  OK To Publish  
Web Page: \_\_\_\_\_  OK To Publish

### Family Member #1

One \$10.00 covers all family members living in the same household with the individual member.

ARRL Member  Volunteer Examiner

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

Call: \_\_\_\_\_ Class: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  OK To Publish  
Web Page: \_\_\_\_\_  OK To Publish

### Family Member #2

ARRL Member  Volunteer Examiner

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

Call: \_\_\_\_\_ Class: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  OK To Publish  
Web Page: \_\_\_\_\_  OK To Publish

#### Notes:

\_\_\_\_\_ Dues - Individual per Year \$20.00 = \_\_\_\_\_  
\_\_\_\_\_ Family Members per Year \$ 10.00 = \_\_\_\_\_  
**Total =** \_\_\_\_\_