



Welcome to ECTAR

ECTAR Inc.
P.O. Box 1559
Castroville, CA 95012

For our membership database, please provide the following information....

Name: _____ Callsign: _____ Class license: _____

Mailing address (street, PO Box): _____ Apt# _____

City: _____ State: _____ Zip: _____

Phone numbers

Home: _____ Work: _____

Cell phone: _____ Fax: _____

Pager: _____ Pager ID (if necessary): _____

E-mail address: _____ Would you like an @ectar.org email address? Yes / No

If Yes: _____ @ectar.org

If you do not have an email address, would you like a mailed copy of the meeting minutes each month?
Yes / No

Radio gear that you have...

2m Base Mobile HT

220 Base Mobile HT

440 Base Mobile HT

HF Base Mobile

Packet Base Portable

Do you run APRS? Base Mobile

Do you have emergency power for your shack? (circle) Yes / No

Do you have outdoor (camping) gear? Yes / No

Are you an ARRL Member? Yes / No

Annual Dues are \$12. Please include a check or money order payable to "ECTAR Inc." Our mailing address is at the top of this application.

Thank you, and again, welcome aboard!

For office use:

Date: _____ Paid: \$ _____ For dues thru: _____ Entered in database: