

Stillwater Twp Amateur Radio System

2021 MEMBERSHIP APPLICATION

<http://www.stars-nj.com>

New Membership ☐ Renewal Membership ☐

PLEASE PRINT LEGIBLY!

FIRST NAME	M.I.	LAST NAME	SUFFIX	STATION CALL SIGN	OPERATOR LICENSE CLASS
MAILING ADDRESS (Number and Street or P.O. Box)				OCCUPATION	ARRL MEMBER? Yes <input type="checkbox"/> No <input type="checkbox"/>
CITY		STATE CODE	ZIP CODE	BIRTHDAY (Month/Day)	SPOUSE NAME
CELL PHONE NUMBER	HOME PHONE NUMBER	E-MAIL ADDRESS			

Have you ever been issued a Notice of Apparent Liability (NAL) from the FCC? Yes ☐ No ☐
If you **do not** want to share your contact information with other members of the club, check mark this box. ☐

Membership Desired: Full (\$36) ☐ Family¹ (\$18) ☐ Student (\$18) ☐ Associate² (\$36) ☐

Select your interest from the following Amateur Radio activities:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> ARES | <input type="checkbox"/> ARRL Field Day | <input type="checkbox"/> Contesting | <input type="checkbox"/> CW Morse Code |
| <input type="checkbox"/> Digital Modes | <input type="checkbox"/> DXing | <input type="checkbox"/> Education | <input type="checkbox"/> Fox Hunting |
| <input type="checkbox"/> HF SSB | <input type="checkbox"/> Open House | <input type="checkbox"/> Presentations | <input type="checkbox"/> Satellite DXing |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> VEC VE | <input type="checkbox"/> VHF/UHF Repeaters | <input type="checkbox"/> Weekly Nets |
| <input type="checkbox"/> Working w/Youth | <input type="checkbox"/> Other: | | |

By signing this application, you agree to accept the STARS-NJ Bylaws and Code of Conduct that are published on the club's Website at <https://www.stars-nj.org/Policies and Procedures/>

Signature of Applicant:

X _____

Date Signed: _____

Payment Option One: Make a check payable to **Stillwater Township Amateur Radio System** and mail with application to:

Stillwater Township Amateur Radio System
6 E. Shore Rd
Lake Hopatcong, NJ 07849

Payment Option Two: Bring application with check to the next clubhouse meeting.

FOR STARS-NJ USE ONLY					
VOTE DATE:	New Membership Sponsor:				
	Print Name _____	Signature _____	Call Sign _____		
RECEIVED DATE:	AMOUNT:	CHECK #	CASH:	MEMCMTE <input type="checkbox"/>	POSTED <input type="checkbox"/>

(1) Family Membership is Full membership plus \$18 for each additional family member living in the same household up to a maximum of \$72. Attach a separate application for each family member. (2) Associate Membership is a non-licensed radio operator member and shall have all club privileges, except the right to vote or hold office.

This is an interactive PDF form that is fillable on a PC/MAC computer using Acrobat Reader DC with the pdf extension installed in your browser.

Reset Form

STARS-NJ Membership Application
Revision 210327