



Fauquier Amateur Radio Association Membership Application Form

Date of Application _____

What type of Membership are you interested in? (Please Circle One) Regular Family

Name(s) (list all names for Family Membership)

Your Callsign (if you have one) _____ License Class _____

Year First Licensed _____ ARRL Member? Yes No Ever a member of FARA before? Yes No

Name For Name Tag (Nickname) _____

Your Address _____

City/State/ZIP _____

Phone Number _____ This is your Home Cell Business

Email Address (important) _____

Home Station Capabilities: HF 6m 2m 440 900 1200

Mobile/Portable/HT Capabilities _____

Current Interests (DX, Contests, ARES, Nets, etc: _____

Awards or Noteworthy Achievements _____

Please complete the form and either bring it with you to the next club meeting, or mail it to the club at:

Fauquier Amateur Radio Association
P.O. Box 752
Warrenton, VA 20188