



FOSTER CITY AMATEUR RADIO
EMERGENCY SERVICE INC.
(FCARES)



MEMBERSHIP REGISTRATION

(PLEASE PRINT)

NAME: _____

CALL SIGN: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

OTHER: _____

LICENSE CLASS: _____

As a Member of the Foster City Amateur Radio Emergency Service, Inc., I agree to the one time Registration Fee of \$20.00 and annual dues of \$20.00. Dues and Registration fees shall be set by the Board of Directors annually.

(Signature)

(Date)