

OCERI MEMBERSHIP APPLICATION

DATE _____ 200__

NAME _____ CALLSIGN _____ CLASS _____

SPOUSE'S NAME _____ CALLSIGN _____ CLASS _____

CHILDREN AT HOME _____ NAMES & CALL SIGNS

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMPLOYER _____ PHONE _____

E-MAIL ADDRESS _____

ARE YOU A MEMBER OF ARRL _____ INTERESTED IN JOINING _____

PLEASE LIST OWNED EQUIPMENT:

HF _____

VHF _____ UHF _____ OTHER _____

OTHER INTERESTS: _____

WOULD YOU BE INTERESTED IN: HELPING TO MAINTAIN REPEATER
EQUIPMENT _____; JOINING EMERGENCY SERVICES (ARES) _____;

PLEASE RETURN TO: OCERI, PO BOX 254, FLORENCE, OREGON 97439 along with
a check for \$25 for annual membership dues.