

COWICHAN VALLEY AMATEUR RADIO SOCIETY  
PO BOX 95 DUNCAN BC, V9L3X1  
MEMBERSHIP APPLICATION / RENEWAL FORM  
(PLEASE PRINT CLEARLY)

Circle one:      NewMembership      Renewal      Change of Information

Membership Dues are not a charitable donation and cannot be used for tax purposes. Single membership is: \$35 per year or \$50 per year for a family at the same address.

NAME: \_\_\_\_\_ CALLSIGN: \_\_\_\_\_ License Qualification: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

If you move or change any of your information, PLEASE fill in a new form. New member applications must be approved by the Board of Directors.

I understand that as a volunteer with Cowichan Valley Amateur Radio Society (CVARS) that from time to time I may be privy to sensitive and confidential information both during training and while on a task. I also understand that this information is not to be discussed or shared with any person or agency which is not directly involved with CVARS.

I also agree with all of the Society's Official Policies that are made available to the membership. I understand that failure to abide by these policies may result in my removal from membership.

I also grant the Cowichan Valley Amateur Radio Society the authority to collect and share my personal information which may include name, address, email and phone numbers with the membership as per the Privacy Policy. This information is used by the members to fulfill the purposes of the Society. This information is not shared outside of the Society. I acknowledge that photos may also be taken during events or functions by members or others and used for society documents or promotion of future events and may become public.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

We want the Family membership (\$50/yr). Others at the same address are:

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_ License Qualification: \_\_\_\_\_

Signature of second family member: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_ License Qualification: \_\_\_\_\_

Signature of third family member: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_ License Qualification: \_\_\_\_\_

Signature of fourth family member: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_ License Qualification: \_\_\_\_\_

Signature of fifth family member: \_\_\_\_\_ Email \_\_\_\_\_

Nametag Options:

1. Pickup in Person \_\_ \$8.00

2. Mail to Member \_\_ \$15.00