



CREST COMMUNICATIONS, INC. MEMBERSHIP APPLICATION

Unit # _____

(Unit # will be assigned upon approval process)

PLEASE COMPLETE AND MAIL THIS FORM TODAY!

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY _____ ZIP CODE _____

PHONE: [HOME] _____ [WORK] _____ [CELL] _____

T-SHIRT SIZE _____ CDL# _____ [E-MAIL] _____

CALL SIGN: [HAM] _____ [GMRS] _____ [OTHER] _____

Please consider me for the following **MEMBERSHIP CATEGORY:**

- | | | |
|--|--------------------|---|
| <input type="checkbox"/> REGULAR (Primary member of family) | \$36.00 Annually | Are you currently an ARRL Member? _____ |
| <input type="checkbox"/> FAMILY (Second team member of family) | \$24.00 Annually | Member # _____ |
| <input type="checkbox"/> FAMILY (3 rd team member of family) | \$ 6.00 Annually | |
| <input type="checkbox"/> JUNIOR (Minors under age of 18) | \$12.00 Annually → | Date of Birth: ____/____/____ |
- Dues are prorated the first year of membership. (Juniors Only)

Note: CREST COMMUNICATIONS, INC. is an affiliate ham club of the American Radio Relay League. 100% of your membership dues are held by CREST COMMUNICATIONS, INC. and does not constitute as membership dues for any other organization.

Please indicate **AREAS of MEMBERSHIP INTEREST:** I would like information about

- | | |
|--|---|
| <input type="checkbox"/> GMRS repeaters for personal use (requires personal GMRS license from F.C.C.) | |
| <input type="checkbox"/> Event participation providing volunteer communications with other team members. | |
| <input type="checkbox"/> General monitoring program. | <input type="checkbox"/> Amateur radio operations. |
| <input type="checkbox"/> Support activities. | <input type="checkbox"/> Disaster Emergency Services. |

I would like to serve on a the indicated **TEAM COMMITTEE:** Awards, Membership, Disaster Services,
 Refreshment, Communications, Repeater

I understand that the CREST COMMUNICATIONS TEAM requires my participation in a minimum of at least TWO team-sanctioned activities annually for continued membership.

Signature: _____

Date signed _____

THANK YOU FOR YOUR INTEREST IN THE CREST COMMUNICATIONS, INC. TEAM

Mail this application and your dues payment to:

CREST COMMUNICATIONS, INC., P.O. Box 395, Corona, CA 92878

You may use a credit card via Paypal.com. Use the payee address for payment as "info@crestcom.org"

Our team meets monthly on the first Thursday at 7pm at Corona's Circle City Center, 385 N Main Street, Corona, 2nd floor.