TWIN-BAND AREA SPECTRUM MANAGEMENT ASSOCIATON
of
SOUTHERN CALIFORNIA INC.

1439 W. Chapman St. #90, Orange, CA 92868
http://www.tasma.org

APPLICATION FOR MEMBERSHIP / RENEWAL

$15.00 per 365 Days

NEW MEMBERSHIP [ ] **RENEWAL [ ]** **UPDATE TASMA RECORDS [ ]**

******PLEASE PRINT******

CALLSIGN : |___|___|___|___|___|___| **LICENSE EXPIRATION DATE: |___|___/___|___/___|___|**
MONTH DAY YEAR

CLASS OF LICENSE: NOVICE [ ] TECH [ ] GEN [ ] ADV [ ] EXTRA [ ]

ARRL MEMBER ? YES [ ] NO [ ] **REPEATER OWNER ? YES [ ] NO [ ]**

LAST NAME: _____ FIRST: _____ MI: _____

MAILING ADDRESS :_____

CITY: _____ STATE: _____ ZIP: _____ - _____

PHONE: |___|___|___| . |___|___|___| . |___|___|___|___|

ALT. PHONE: |___|___|___| . |___|___|___| . |___|___|___|___|

E-MAIL: _____ @ _____

DELEGATE MEMBERSHIP:

ORGANIZATION REPRESENTED: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

AUTHORIZING OFFICER-NAME: _____ POSITION: _____

SIGNATURE: _____ PHONE: |___|___|___| |___|___|___| |___|___|___|___|

PLEASE DO NOT WRITE BELOW THIS LINE - FOR USE BY TASMA

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Payment received by: _____ Date: ____/____/____

Paid by: [ ] CASH [ ] Check [ ] ONLINE Ref#: _____ Rec'd $_____

Scan Number: _____ Date: ____/____/____

TASMA:APP011715