TWO-METER AREA SPECTRUM MANAGEMENT ASSOCIATION

of

SOUTHERN CALIFORNIA

1439 W. Chapman Avenue #90, Orange, CA 92868

http://www.tasma.org

APPLICATION FOR MEMBERSHIP / RENEWAL

$15.00 Per Year

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

■ **REGULAR OR DELEGATE MEMBERSHIP:** ******PLEASE PRINT******

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

CLASS OF LICENSE: NOVICE [ ] TECH [ ] TECH-PLUS [ ] GENL [ ] ADV [ ] EXTRA [ ]

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

LAST NAME: _____ FIRST: _____ MI: _____

MAILING ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____ - _____

DAY PHONE: |___|___|___| . |___|___|___| . |___|___|___|___| **Newsletter delivery by?**

E-mail ☐

NIGHT PHONE: |___|___|___| . |___|___|___| . |___|___|___|___| **Regular mail** ☐

E-MAIL: _____ @ _____

MODES OF INTEREST: [ ] WEAK SIGNAL MODES [ ] AM [ ] SSB [ ] SPREAD SPECTRUM
[ ] PACKET SIMPLEX [ ] FM SIMPLEX [ ] DIGITAL REPEATERS
[ ] VOICE REPEATERS [ ] OTHER _____

■ **DELEGATE MEMBERSHIP:**

ORGANIZATION REPRESENTED: _____

MAILING ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____ - _____

AUTHORIZING OFFICER-NAME: _____ POSITION: _____

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

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

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

Paid by: [ ] CASH [ ] Check # _____Dtd_____ [ ] Money Order Amount Rec'd $_____

Explain payments of other than $15.00: _____

Regular Membership Start Date: _____/_____/_____ New ___ Continuing ___

TASMA:APP050701