

TWIN-BAND AREA SPECTRUM MANAGEMENT ASSOCIATION

of

SOUTHERN CALIFORNIA INC.

PO Box 2434 Laguna Hills, CA 92654-2434

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

Payment received by: _____ Date: ___/___/___

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

Scan Number: _____ Date: ___/___/___