

Handiham



Membership Application

GENERAL INFORMATION

Applicant Name _____

Email _____

Address _____

City _____

State _____

Zip Code _____

Primary Phone _____

Date of Birth _____

Gender _____

Call Sign _____

Current License Class _____

HEALTH RELATED INFORMATION

Primary Disability _____

When did you become disabled? _____

Please list the adaptive devices you use:

MEMBERSHIP DUES & PAYMENT

\$15.00 – 1 Year Membership **\$30.00** – 2 Year Membership **\$45.00** – 3 Year Membership

\$150.00 – Lifetime Membership

Check made payable to: ***Courage Kenny Handiham Program***

Credit Card:

Card Number _____

Expiration Date _____

Security Code _____

Name as it appears on your card _____

PREFERENCES

Please specify a username & password for the Member's Only section of the Handiham website.

User Name: _____

Password: _____

The Handiham Radio Club is free to join for Handiham Program Members.

Please check this box if you are interested in joining the Handiham Radio Club and having your email address added to the email list to receive updates from the club.

EDUCATION

Tell us a little about your educational background.

YOUR COMMUNICATIONS HOBBY GOALS

Tell us a little about your goals for the amateur radio hobby.

OPTIONAL

The Handiham Program receives public funding from sources that request statistical information regarding the racial diversity of our members. Please check the box next to the race you most closely identify with. This question is optional.

- White, not of Hispanic origin
- Black, not of Hispanic origin
- Hispanic
- Asian or Pacific Islander
- Native American (Indian American or Native Alaskan)
- Decline to Provide

If you are joining as a member with a disability, please sign below:

- I wish to apply for a participating membership in Courage Kenny Handiham Program. I agree to abide by Handiham policies.

Signature

Date