

PAPA SYSTEM

MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY!



NAME: _____

CALL SIGN: _____ LICENSE CLASS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____

OTHER PHONE: (_____) _____ (WORK), (HOME 2)

CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

Print legibly!

Please list any other amateur radio systems or organizations you are affiliated with:

How did you learn about the PAPA System?

Planning to use Papa D-Star repeater?

Do you know any PAPA members? (List their names or call signs)

First and foremost, the members of the PAPA System consider themselves a family of radio amateurs who enjoy utilizing the system and its features, attending various organizational events, and gaining new friendships through their affiliation and participation in the PAPA System. With this in mind, we encourage new users like you to use the system, meet other members, and enjoy the good times that the PAPA System offers!

One of the responsibilities assumed by your sponsor when inviting you to participate in the group is to bring to your attention any concerns regarding your activities or procedures when using the PAPA System, should they be in violation of applicable laws or rules of amateur radio usage, or otherwise create a problem for the members-at-large. If, within a period of 90 days from the date this application is submitted, you are not satisfied with this community of users, or an irresolvable situation is created, you may ask, or be asked, to discontinue your use of the system. In that event, any money paid by you will be returned. Your signature signifies your agreement to these terms.

PLEASE PRINT, SIGN AND DATE A COPY OF THIS MEMBERSHIP APPLICATION.

SIGNATURE: _____ DATE: _____

PAPA System Annual Membership Dues are \$120.00 USD. Memberships are renewed every January. Full Membership Dues are payable when you join. If you join during a month other than January, a pro-rata credit shall be applied to your following year's Annual Membership Dues.

INCLUDE A PHOTOCOPY OF YOUR CURRENT FCC LICENSE, THE NAME OF THE MEMBER WHO INVITED YOU TO JOIN, AND A BRIEF NOTE ABOUT YOURSELF AND YOUR INTEREST IN JOINING THE PAPA SYSTEM (if you have not already submitted such information on line).

MAIL YOUR APPLICATION TO: PAPA SYSTEM
P.O. BOX 373
SAN MARCOS, CA 92079-0373