



CHOCOLATE HILLS AMATEUR RADIO LEAGUE, INC.

MEMBER, PHILIPPINE AMATEUR RADIO ASSOCIATION, INC.
 c/o Gerisonic Electronics, Ma. Clara Street, Tagbilaran City, Bohol, Philippines
<https://www.charl.club> | <http://www.dx7bc.org> | info@dx7bc.org
 Tel. No. (038) 412-4195
 145.000 Mhz -600 Khz Duplex



APPLICATION FOR MEMBERSHIP

TO: **THE BOARD OF TRUSTEES**
 Chocolate Hills Amateur Radio League, Inc. (CHARL)
 Tagbilaran City, Bohol

ATTENTION: **MEMBERSHIP AND DISCIPLINE COMMITTEE**

Ladies & Gentlemen:

I HEREBY APPLY FOR MEMBERSHIP with the **CHOCOLATE HILLS AMATEUR RADIO LEAGUE, INC.** Should this application be approved, I will undertake to pay the P300.00 Membership Fee, and as such, I hereby promise to abide by the By-Laws of the Chocolate Hills Amateur Radio League, Inc. and that I will faithfully comply with all the rules and regulations governing Amateur Radio in the Philippines.



APPLICANT'S INFORMATION SHEET				
PERSONAL INFORMATION				
Family Name	First Name	Middle Name	Suffix (Sr., Jr., II, etc.)	
Home Address: House No./Building/Street/Purok/Sitio			Barangay	
City/Municipality	Province	Zip Code		
Nickname/Handle	Date of Birth	Place of Birth		
Nationality	Civil Status	Blood Type		
Profession/Occupation	Business/Office Address (or if Student, Name of School)			
Home Landline No.	Mobile No.	Email Address		
Educational Attainment (Last School Attended and Course Completed)				
Other organizations/clubs you are an active member in			Other Hobbies aside from Amateur Radio	
Skills and Special Training			Languages and Dialects spoken	
AMATEUR RADIO LICENSE INFORMATION				
Call Sign	Class	Temporary Call Sign (if unlicensed)		
Amateur Radio License No.	Validity (From)	Validity (To)		
Station Location				
Radio Equipment/s:	Brand/Model:			
	Antenna Type:			
NTC Exam Passed:	<input type="checkbox"/> Class D	<input type="checkbox"/> Class C	<input type="checkbox"/> Class B	<input type="checkbox"/> Class A <input type="checkbox"/> Others
Date of Examination:				
FAMILY INFORMATION				
Father's Name			Occupation	
Mother's Name			Occupation	
Spouse's Name			Occupation	
EMERGENCY CONTACT				
Name of person to contact in case of an Emergency			Relationship	
Address			Contact No.	
RECOMMENDATION AND/OR ENDORSEMENT				
Name of CHARL Member	Call Sign	Address	Contact No.	Signature
1.				
2.				
Do you want to be a member of PARA? (For licensed members only) <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time				
Have you ever been convicted by final judgment of an offense punishable by imprisonment for a period exceeding six (6) years, or a violation of the Corporation Code committed within the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state reason _____				

I hereby declare under oath that all the information contained in this application has been accomplished by me, and is true, correct and complete to the best of my abilities. Any misinformation contained therein shall be a ground for the denial of this application.

Printed Name and Signature of Applicant

Date Accomplished

Recommending Approval:

Chairperson, Membership & Discipline Committee

Date