

Amateur Radio Study Session

July 21, 2018, Burlingame, CA

PLEASE PRINT LEGIBLY

Last Name _____ First Name _____ Initial _____

Address _____ City _____ Zip _____

Ham Call (if you have one) _____ License class _____

Home Phone (_____) _____ Day Phone (_____) _____

E-mail _____

Social Security Number (required by FCC) or FRN _____

Sponsor (name and call sign) _____

Testing (check): Tech _____

If licensed: General _____ Extra _____

I do NOT want my name forwarded to a local Ham club (check). _____

Please have exact change if paying by cash,
If paying by check have checks made out to Ross Peterson

Amount Paid _____ Cash _____ Check # _____

ID Type DL _____ Other _____ Checked By _____

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Receipt

Name _____

Tech _____ General _____ Extra _____

please do not write below this line

Amt. received \$ _____

Cash _____ Check _____ By _____