Southern California Radio Network, Inc

P.O. Box 726
Montebello, Ca. 90640

WWW.SCRN.NET membership@scrn.net

MEMBERSHIP APPLICATION

CALLSIGN: _____ DATE OF APPLICATION: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

REFERRED BY: _____ CALL SIGN: _____

OTHER SCRN MEMBERS YOU KNOW: _____

OTHER SYSTEMS YOU USE: _____

440 (70 cm) radios that you own/use (list manufacturer and model number) :

_____

Occupation or areas of expertise which could benefit the network, especially in time of emergency or disaster :

_____

Relatives & Family members also holding Amateur Radio Licenses :

NAME: _____ CALLSIGN: _____
RELATIONSHIP: _____

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RELATIONSHIP: _____

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Type of membership(s) desired :

☐ **Regular**

☐ **Family**

☐ **Student**

If family membership is checked above, who will be the primary member?

_____.

SCRN is a private system. We are dedicated to wide area linking and remote base interties. The submission of this application does not grant you the use of the system until it is reviewed and approved.

Membership dues are $130.00 per year. Please DO NOT submit dues with this application.

If you have questions regarding the application process or the SCRN system please contact:

Mike Cherry (Application coordinator), or Shawn Moreno (Vice President)
wa6cea@verizon.net Ke6atj@scrn.net

Applicant:

_____

Print name and Sign