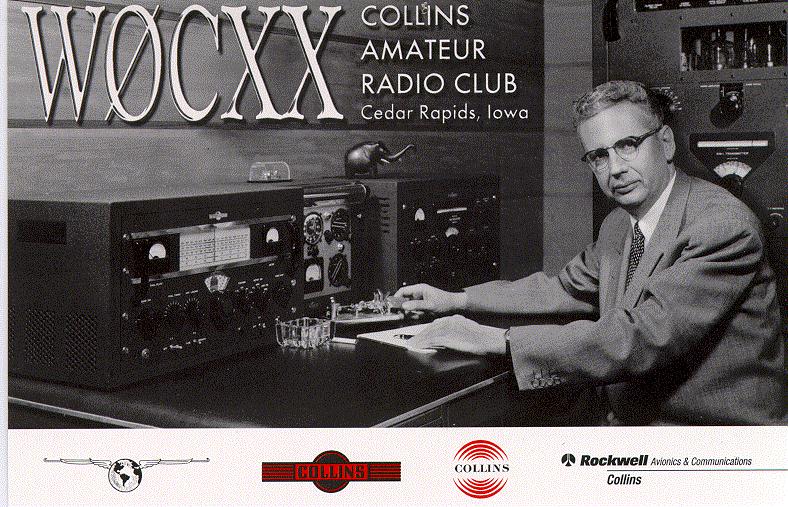
*RCARC Membership Form*



The club e-mail address is [W0CXX@rockwellcollins.com](mailto:W0CXX@rockwellcollins.com)

**\_ Collins Amateur Radio Club OFFICERS: \_**

President Charley Snodgrass KCØCD 131-102 295-9510 [charley.snodgrass@rockwellcollins.com](mailto:charley.snodgrass@rockwellcollins.com)

Vice President Mike Hynek ACØPB 138-159 295-0627 [michael.hynek@rockwellcollins.com](mailto:michael.hynek@rockwellcollins.com)

Treasurer Bryan McCoy KA0YSQ 108-102 295-5575 [bryan.mccoy@rockwellcollins.com](mailto:bryan.mccoy@rockwellcollins.com)

Programs TJ Campie WØEA 182-110 263-2005 [tom.campie@gmail.com](file:///C:\Users\valoschi\Desktop\RCARC\Jan%202013%20Issue\tom.campie@gmail.com)

Editor Vince Loschiavo N2AIE 152-250 263-1457 [n2aie@arrl.net](file:///C:\Users\valoschi\Desktop\RCARC\Jan%202013%20Issue\n2aie@arrl.net)

Secretary Bill Caldwell N0LNO 143-100 295-8630 [william.caldwell@rockwellcollins.com](mailto:william.caldwell@rockwellcollins.com)

Membership/PR Tim Busch N0CKR 124-303 295-2441 [timothy.busch@rockwellcollins.com](mailto:timothy.busch@rockwellcollins.com)

Station Managers:

Building 112 Bryan McCoy KAØYSQ 108-102 295-5575 [bryan.mccoy@rockwellcollins.com](mailto:bryan.mccoy@rockwellcollins.com)

Main Plant Mike Hynek ACØPB 138-159 295-0627 [michael.hynek@rockwellcollins.com](mailto:michael.hynek@rockwellcollins.com)

FY17 Activity Registration Form

Rockwell Collins Amateur Radio Club

**Applicant Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last, First, Mi)

Call sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Not required for membership)*

Home phone number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: *Street:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *City:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*State:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Zip:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address *(for Newsletter)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rockwell Collins Information** *(If Applicable)*:

RC Mail station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RC Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RC phone extension number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retired from RC? \_\_\_\_\_ (Y/N) and request onsite Retiree Access**\***. \_\_\_\_\_(Y/N)

**Amateur Radio Information:**

Are you a Collins Collectors Association (CCA) member? \_\_\_\_ (Y/N)

Are you an ARRL member? \_\_\_\_\_\_ (Y/N)

What is your License class? \_\_\_\_\_\_ ( A,E,G,N,T,T+,X)

Do you have any special area of interest in Amateur Radio? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mark the modes/bands that you are active on:**

**Bands CW DATA IMAGE MCW PHONE PULSE RTTY SS TEST SATELLITE**

**HF**

**(160m to 10m)**

**VHF**

**(6m to 1.25m)**

**UHF**

**(70m to 33m)**

**Micro Wave**

**(23m and Above)**

**Would you be interested in helping the club with any of the following:**

Meeting Presentation

Special Op Events

K-12

Community Service Events

Antenna Parties

Shack Setup

Rig Troubleshooting & Repair

Help Comment:

Elmering

B-29 Radio Project

Other – see comment

# The fee to participate as a member in the RC Amateur Radio Club is $20.00, make checks payable to:

# Rockwell Collins Amateur Radio Club

# Mail to: Rockwell Collins, c/o Dan Johnson, MS 108-104

# 400 Collins Road NE

# Cedar Rapids, Iowa 52498

***\**** *For retiree access, please submit a facility access request if not already in the files.*

# RELEASE Form

I understand the above named activity is sponsored for recreational purposes only. I also understand the nature of the activity including its possible risks and voluntarily register for participation.

I hereby release Rockwell-Collins, Inc. from any claims, demands or damages because of injury or death, other than customary and reasonable medical expenses under the existing company medical plan, resulting in any way from participation in this activity.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

Total amount received: \_\_\_\_\_\_\_\_\_\_\_ Cash / Check Check No. \_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_