

Hartford Citywide Radio Association
PO Box 4003
Hartford, CT 06147-4003

Dear Applicant,

Thank you for your interest in our radio association. We hope that we can provide you with one of the best systems of its type to be established in the area. The following information will assist you in filling out and submitting your application to HCRA.

A. All new members must submit the following:

1. Completed membership application in full.
2. References
3. Statement of reason for wanting to become a member.
4. Affiliation status
 - a. Fire Dept., EMS or Public Service member.
 - b. Member of a recognized "buff" association.
 - c. Law Enforcement member.
 - d. Active news media member.
5. Criminal acts inquiry.
6. Employment History.
7. Driver license number and social security number.
8. Don't forget to sign the application.

B. Application fee: \$10 one time, non-refundable.

C. Dues shall be \$7 per month per member. Billing shall be once yearly with a members option of paying in two installments.

D. The first period of dues is payable with application. Make checks payable to "HCRA". Mail to: Hartford Citywide Radio Association; P.O. Box 4003; Hartford, CT 06147-4003
Note: Your car number will be issued ONLY when dues are received by the secretary.

E. All radios must meet all FCC requirements that apply to our approved operating frequencies. Each member shall be responsible for his/her radio(s) and will be liable for any fines or demands placed on the organization as a result of a member's actions.

F. All members shall adhere to all operating guidelines set forth by the Hartford Citywide Radio Association.

Any questions you can call Jon Awalt (203) 929-5437 or Rick Burnham (860) 749-5394.
Or you can e-mail us our address is: hartfordcitywide@cox.net

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PO Box 4003
Hartford, CT 06147-4003

Car # _____ (official use only)

Applicants Name: _____

(Have you ever been known by another name? If yes, list names and reasons)

Current Address: _____

City/Town: _____ State: _____ Zip: _____

If less than 2 years list Previous Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Pager: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ Social Security Number: _____

Drivers License State and Number: _____ Exp Date: _____

Type of Radio: Mobile _____

Portable _____

Do you have a fire buff pager? _____ Group Name: _____

Pin # _____ and/or phone # _____

Are you/have you been affiliated with an emergency services organization or buff club.
Use back of form if you need more room.

Service or Club	Address/City/State	dates of membership
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Have you ever been arrested or in the custody of any law enforcement agency since your 18th birthday, in connection with the charging of a crime or delinquent act were you were represented by an attorney or waived your right to an attorney. If YES, please explain with dates, jurisdiction, a brief description of the charge and verdict including probation. Do you currently have any criminal charges pending? Use back if you need more room.

Please list your current employer, include address, dates of employment and supervisor.

If less than 2 years please list your previous employer, address, dates and supervisor.

Please list three references who not related to you. You may use a current club member.

Name	Address/City/State	Phone	Number years known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Membership to HCRA:

I attest that all of the above statements are true to the best of my knowledge and I hereby give the Hartford Citywide Radio Association and or its agents the legal right to conduct an investigation into any of the statements recorded on this application. I also further understand that I may have my application rejected for cause or fabricating statements made here within.

Applicant Signature _____ Date: _____

For Official Use Only

Application fee: \$10

Period of dues: From _____ Through _____ (__ mos x \$7= \$__)

Total due: \$ _____

Date Received: _____

Received By: _____

Check Number: _____

Revised May 6, 2002