KEYMEN'S CLUB OF JAPAN APPLICATION for MEMBERSHIP

I apply for membership of KCJ in agreement with the club policy. Submit date :

			- , .	
Callsign		Date of bir	th	
Name (Given, Family)		Handle		
Telephone number				
Address		•	•	
Other callsign(s)				
Duration of CW operation	n			
E-mail address				
Web Page URL				
License class				
Emission power				
Clubs to which you belo	ng			
Annual average numbe	of QSOs			
- CW () • PHONE ()	•Digital()
How did you come to A	now about KCJ and why d	o you have intere	st in KCJ?	
Feel free to write you	motivation for starting	CW, your belief in	CW, your opera	tional history.
Callsign(s) of KCJ me	mber with whom you made	CW QSOs.		
	_			
Occupation / Hobby /	Special skill			
	Admit into KCJ			
Date of admission		President		
Admit number		Callsign		
KCJ member number		Name		

Note: Personal information collected will be used only for the operation of the association and will not be used for any other purposes. KCJ:Ver Oct 2019