



ALMADEN VALLEY PUBLIC SAFETY NET (AVPSN)

Membership Application

Email: AVPSN95120@gmail.com

Please check the correct box:

Are you are a 95120 Resident? 95120 Business Owner? 95120 Business Employee?

APPLICANT INFORMATION

Last Name:		First Name:	
Address:		City/State/Zip:	
Email:		Cell Phone:	
Radio ID (First Name) :		Neighborhood:	
If applicable – 95120 Business/Employer Name:			Title:
Business phone:		City/State/Zip:	

SPOUSE INFORMATION - IF JOINT MEMBERSHIP

Spouse Last Name:		Spouse First Name:	
Cell Phone:		Email:	
Radio ID (First Name):		Neighborhood:	

SIGNATURES

I confirm residence, business ownership or employment in Almaden Valley 95120 and agree to comply with Title 18 of U.S. Code Section 1464, and acknowledge that I am aware that violations of the code of behavior are subject to enforcement by the FCC. I also acknowledge receipt of AVPSN guidelines for courteous communication.

Signature of applicant:		Date:
Signature of spouse <i>(only if for a joint membership):</i>		Date:

AVPSN Acceptance by:	Date:
Proof of 95120 eligibility provided:	Guidelines Provided: