



# Membership Form

The following information will be used for club purposes only.

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

License Class: \_\_\_\_\_ License Expiration: \_\_\_\_\_

ARRL Member:  Yes  No

Areas of Interest in Amateur Radio: \_\_\_\_\_

\_\_\_\_\_

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## FOR CLUB USE ONLY

Date Received: \_\_\_\_\_ Approved:  Yes  No

Effective Date: \_\_\_\_\_

Membership:  Full  Associate

Officer Signature: \_\_\_\_\_