

SUWANNEE AMATEUR RADIO CLUB – MEMBERSHIP APPLICATION

NAME: _____ CALL: _____

DATE: _____ DUES PAID: _____

EMAIL: _____ TEL: _____

MAILING ADDRESS: _____

ARRL: Y N INTERESTED IN PUBLIC/EMERGENCY SERVICE: Y N

INTERESTED IN VE/ELMER Y N (IF Y – LICENSE CLASS _____)

PLEASE DESCRIBE ANY SPECIAL INTERESTS YOU HAVE AND WHAT YOU ARE LOOKING
FOR AS PART OF YOUR CLUB EXPERIENCE.....

EMERGENCY CONTACT INFO. ... optional

NAME: _____ TEL: _____

SIGNATURES

MEMBER: _____

CLUB PRESIDENT: _____