

## **APPLICATION FOR MEMBERSHIP**

79930

Name :		Call :			
Address :		City/ ST		ZIP	
Home Phone :	Employed by :		Bus. Phone :		
Member of: ARRL ?	ARES ?	RACES?	MARS?	WTRA?	
Class of License : Ye	ar licensed :XY	ZL ( or OM ) Nam	e :	Call	
Applicant's Birthday : Mc	nth? Day?	Do you o	perate a fixed station	n? Mobile?	
E-Mail address:					
Please list hobbies and tec	chnical interests here: _				
I HEREBY APPLY FOR FU <b>ARTICAL IV, Section 4</b> " I, do swear to observe th communications. I will as end that all may receive th	: requires that each me the radio laws of the Fe sist in every way possi	ember take the folled ederal Communication ble my fellow amound	lowing obligation: tions Commission p teurs in solving thei	ertaining to radio	
Date :	Signature :				
Recommended by (Member)			Call		
Recommended by (Membe	er)		Call		
<b>DUES :</b> Full members \$2 Operator family menbers	1 1		1 1		
FEE AND DUES RECEIV	VED WITH APPLICAT	TION: Amount \$	By		
ACTION TAKEN :	DATE	NOTIFICATION	CARD I	ISSUED	
SECRETARY :	TREASURER :	BU.	LLETIN EDITOR :		