

ALBANY AMATEUR RADIO CLUB INC. - MEMBERSHIP APPLICATION

I am applying for:

_____ Single membership (\$28)

_____ Senior (65+) membership (\$14)

_____ Family membership (\$42)

_____ Associate membership (\$12)

Date _____

Name _____ Callsign _____

Address _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Bus phone: _____ Cell Phone: _____

License Class _____ Expiration Date _____

DOB (Year optional) _____ Spouse's Name _____

E-Mail Address _____

ARRL Member: Yes ___ No ___

ARES Member: Yes ___ No ___

Make check payable to AARC.

Mail application to: Bob Smith K4PHE
131 Laurelbrook Dr.
Leesburg, GA 31763