

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: ALBANY AMATEUR RADIO CLUB
P.O. BOX 70601
ALBANY, GA 31708-0601