



# Society Radio Operators

## Membership Form



Applicant's Name \_\_\_\_\_ Call \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ eMail \_\_\_\_\_

Publish in Roster ? Phone: Y N eMail: Y N

Radio License Held: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_  
mm / yy

Other Hobbies & Interests: \_\_\_\_\_

ARRL: Y N Other Organizations \_\_\_\_\_

Annual Dues - Payable w/ application

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_