GWINNETT AMATEUR RADIO SOCIETY

PO BOX 2481 DULUTH, GA 30096-0043

MEMBERSHIP APPLICATION

□ NEW MEMBER□ RENEWAL



TYPE OF MEMBERSHIP (check one)

TITE OF MEMBEROIM (CI	icok onej					
New Ham	t Year FREE		<u>!</u>	OPTIONA	AL DON	<u>IATIONS</u>
Youth (21 and under): 🔲 FRE	ΞE	SK Me	Memorial & Education Fund: \$			
Adult Family: 🔲 1-Yl	R / \$30.00 🔲 2-YR / \$55.00	3-YR / \$75.00	Scholar	ship Fun	d: \$	
Senior Family (65+): 🔲 1-Yl	R / \$15.00 🔲 2-YR / \$25.00	3-YR / \$30.00	Genera	l Fund:	\$	
Life (Individual): \$\square \\$35\$	60.00 One-time					
Name:			Call Sign:			
Address:						
City:		State:	Zip:			
Email:						
Home Phone:		Cell Phone:				
Date of Birth:/	/ (mm/dd/yy	ryy) ARRL Member	(circle one):	Yes	No	Life
ADDITIONAL IMMEDIATE F	AMILY MEMBERS (PLEAS	E USE THE BACK IF	NEEDED)			
Spouse Name:			Call Sign:			
Email:			3			
		Cell Phone:				
Date of Birth:/	/ (mm/dd/yyy	y) ARRL Member	(circle one):	Yes	No	Life
Name:			Call Sign:			
Email:						
Home Phone:		Cell Phone:				
	(mm/dd/yyy	yy) ARRL Member	(circle one):	Yes	No	Life
Name:			Call Sign:			
Email:			G			
Home Phone:		Cell Phone:				
Date of Birth:/	/ (mm/dd/yyy	y) ARRL Member	(circle one):	Yes	No	Life
I agree to abide by the By-Lav	ws of the Gwinnett Amateur F	Radio Society.				
Applicant's Signature:		· · · · · · · · · · · · · · · · · · ·	Date:			
FOR OFFICIAL USE ONLY:	:					
Form Received:	//	New Exp Dat	e:	//_		_
Amount Received: \$		Database Up	dated:	//_		

Revised: 12/10/2020