

GWINNETT AMATEUR RADIO SOCIETY

PO BOX 492531
LAWRENCEVILLE, GA 30049



MEMBERSHIP APPLICATION

- NEW MEMBER
- RENEWAL

TYPE OF MEMBERSHIP (check one)

- New Ham First Year Free
- Youth (21 and under): FREE
- Adult Family: 1-YR / \$30.00 2-YR / \$55.00 3-YR / \$75.00
- Senior Family (65+): 1-YR / \$15.00 2-YR / \$25.00 3-YR / \$30.00
- Life (Individual): \$350.00 One-time

OPTIONAL CONTRIBUTIONS

- SK Memorial & Education Fund: \$ _____
- Repeater Fund: \$ _____
- Scholarship Fund: \$ _____
- General Fund: \$ _____

Name: _____ Call Sign: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) ARRL Member (circle one): Yes No Life

ADDITIONAL IMMEDIATE FAMILY MEMBERS (PLEASE USE THE BACK IF NEEDED)

Spouse Name: _____ Call Sign: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) ARRL Member (circle one): Yes No Life

Name: _____ Call Sign: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) ARRL Member (circle one): Yes No Life

Name: _____ Call Sign: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) ARRL Member (circle one): Yes No Life

I agree to abide by the By-Laws of the Gwinnett Amateur Radio Society.

Applicant's Signature: _____ Date: ____/____/____

FOR OFFICIAL USE ONLY:

Form Received: ____/____/____ New Exp Date: ____/____/____

Amount Received: \$ _____ Database Updated: ____/____/____