

GWINNETT AMATEUR RADIO SOCIETY

P.O. BOX 492531
LAWRENCEVILLE, GA 30049



NEW MEMBER – MEMBERSHIP APPLICATION

(Licensed Adults and Seniors who have never been a GARS member)

*** SAVE TIME AND MONEY – APPLY ONLINE AT [HTTPS://GARS.ORG/JOIN/](https://gars.org/join/) ***

TYPE OF MEMBERSHIP (check one) – SEE OTHER SIDE FOR RENEWALS:

New GARS Member: First Year FREE
New Youth GARS Member (21 and under): FREE (Until age 22)

OPTIONAL DONATIONS:

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

Name: _____ Call Sign: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mobile Phone: _____ Home Phone: _____

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

ADDITIONAL IMMEDIATE FAMILY MEMBERS

(Enter email addresses below only if your additional family members want to receive the monthly meeting/newsletter announcement emails, and the occasional special announcement emails.)

Spouse Name: _____ Call Sign: _____

Email: _____

Mobile Phone: _____ Home Phone: _____

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

Add'l Name: _____ Call Sign: _____

Email: _____

Mobile Phone: _____ Home Phone: _____

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

Add'l Name: _____ Call Sign: _____

Email: _____

Mobile Phone: _____ Home 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 (<https://gars.org/bylaws/>).

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

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RENEWAL – MEMBERSHIP APPLICATION

*** SAVE TIME AND MONEY – APPLY ONLINE AT [HTTPS://GARS.ORG/RENEW/](https://gars.org/renew/) ***

TYPE OF MEMBERSHIP (check one) – SEE OTHER SIDE FOR NEW MEMBERSHIPS:

- Adult (Family): 1-YR / \$30 2-YR / \$50 3-YR / \$60
Senior (Family, 65+): 1-YR / \$15 2-YR / \$25 3-YR / \$30
Lifetime (Adult Family): \$350 / One-time
Lifetime (Senior Family): \$150 / One-time (65+)

OPTIONAL DONATIONS:

SK Memorial & Education Fund: \$ _____

Scholarship Fund: \$ _____

General Fund: \$ _____

Name: _____ Call Sign: _____

Email: _____

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 (<https://gars.org/bylaws/>).

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

Any changes to your membership data: