

The Southeastern CT Amateur Radio Society

PO Box 73

Gales Ferry, CT 06335

Application for Membership

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Call Sign: _____ License Class: _____

ARRL Member: Y / N ARES Member: Y / N

Membership class:

Individual (\$20) Family (\$20 + \$5 for each member over 18)

Year of Application: _____ (Dues cover Oct. through Oct.)

List Family Members if Applicable:

Name	Callsign/Class	ARRL(Y/N)	ARES(Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Your Special Interests / Activities in Amateur Radio:

Club use only:

Dues Paid: \$ _____ Date: _____

New Member: Approved by: _____ Date: _____