

The Southeastern CT Amateur Radio Society

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)
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List Your Special Interests / Activities in Amateur Radio:

Club use only:

Dues Paid: \$_____ Date: _____

New Member: Approved by: _____ Date: _____