



Membership Application

Please Print Legibly and fill out all shaded Columns.

First Name:	MI:	Last Name:
Address:		
Address 2:		
City:	State:	ZIP:
Home Phone:	Cell Phone:	
Email Address:		
Call Sign:	License Class:	Expires:

Interests: Please check all that apply:
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- | | |
|----------------------------|------------------------------|
| <input type="radio"/> HF | <input type="radio"/> UHF |
| <input type="radio"/> CW | <input type="radio"/> APRS |
| <input type="radio"/> VHF | <input type="radio"/> Packet |
| <input type="radio"/> SSTV | <input type="radio"/> Other |

North Port Armature Radio Club

P.O. BOX 7716

North Port FL 34290

I hereby submit my application for consideration of membership in the North Port Amateur Radio Club. I agree to abide by the club's rules and policies as set forth in the North Port Amateur Radio Club By-Laws. Dues are \$15.00 and \$5.00 for each additional family member.

X

Date _____