

TOMPKINS COUNTY
AMATEUR RADIO ASSOCIATION
Application for Membership

NAME: _____ CALL: _____

ADDRESS: _____

_____ ZIP: _____

TELEPHONE: _____ E-MAIL: _____

LICENSE CLASS:

NOVICE TECH TECH PLUS GENERAL ADVANCED EXTRA

ARRL Member: YES/NO

I wish to hold the following class of membership:

_____ FULL MEMBERSHIP \$15 (inside or outside of Tompkins County)

_____ ASSOCIATE MEMBERSHIP \$10 (unlicensed)

_____ STUDENT MEMBERSHIP \$7.50 Please Identify School or College

Please add _____ Family Memberships @ \$1.00 each.

NAME: _____ CALL: _____

NAME: _____ CALL: _____

NAME: _____ CALL: _____

I understand that annual dues are due on July 1st of each year.

I have enclosed \$

I agree to abide by the associations' by-laws.

Signed: _____ Date: _____

FOR CLUB USE:

Received Payment and Application on _____

Association Membership Approved: _____

Please mail application to:

Tompkins County Amateur Radio Association
c/o Bill Bartlett
152 Hart Road
Dryden, NY 13053