

# RAGS Membership Application

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Street: \_\_\_\_\_ Apt/Lot/Rm \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

License Class: \_\_\_\_\_ ARRL Member? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Year Licensed \_\_\_\_\_ Email: \_\_\_\_\_

Profession: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Additional Family Members

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

License Class: \_\_\_\_\_ ARRL Member? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Year Licensed \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

License Class: \_\_\_\_\_ ARRL Member? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Year Licensed \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

License Class: \_\_\_\_\_ ARRL Member? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Year Licensed \_\_\_\_\_ Email: \_\_\_\_\_

Annual dues are due April 1st. Primary membership is \$10 and \$2 for each additional family member. All memberships include an emailed newsletter. A mailed newsletter if required is \$10 additional. Mail the newsletter Yes? \_\_\_\_\_

Remit to address: RAGS PO Box 88, Liverpool, NY 13088

## Office Use Below

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Roster: \_\_\_\_\_ Review: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Card Sent: \_\_\_\_\_

2/16/2014

Please share any comments on the back