



# 20\_\_ W0MG MEMBERSHIP FORM

Name: \_\_\_\_\_ Call sign: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

License class: \_\_\_\_\_ (technician, general, advanced, extra)

ARRL member? \_\_\_\_\_ ( yes or no )

Areas of interest in ham radio: \_\_\_\_\_

Suggestions for Programs and activities during 20\_\_ : \_\_\_\_\_

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**RECEIPT FOR 20\_\_ MEMBERSHIP DUES PAYMENT NIARA ( W0MG )**

Date paid: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_ (\$20.00 )

Members name: \_\_\_\_\_

\_\_\_\_\_  
Dave Kelly, KDØDK, Treasurer  
433 PARKHAVEN Dr.  
WATERLOO, IA 50701