

MEMBERSHIP FORM:

THE FOLLOWING INFORMATION WILL BE ENTERED INTO THE CLUBS MEMBERSHIP DATABASE:

Name:	Cal	ll sign:
Address:		
City:	Zip:	
Telephone:		
Email address:		
License class:	(technicia	n, general, advanced, extra)
License expiration date:		
ARRL member?	(yes or no)	
Areas of interest in ham radio:		
Suggestions for programs and		
**********	*******	******
RECEIPT FOR 2015 MEMBEI	RSHIP DUES PAY	MENT – NIRAA: W0MG:
Date paid: A	mount paid: \$	(\$20.00)
Members name:		
	110 Sp	V. Lowe, WA0TPN, Treasurer oruce St. eck, IA 50669