



MEMBERSHIP FORM:

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

Name: _____ Call sign: _____

Address: _____

City: _____ Zip: _____

Telephone: _____

Email address: _____

License class: _____ (technician, general, advanced, extra)

License expiration date: _____

ARRL member? _____ (yes or no)

Areas of interest in ham radio: _____

Suggestions for programs and activities during 2016: _____

RECEIPT FOR 2016 MEMBERSHIP DUES PAYMENT – NIRAA: WØMG:

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

Members name: _____

Dave Knittel, K0CQH, Treasurer
2537 Cottage Ave.
Wavery, IA 50677
