



**Membership Application**

**Name** \_\_\_\_\_ **Call** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Home**

**Phone** \_\_\_\_\_ **Cell**

**Email** \_\_\_\_\_

**ARRL Member ? (yes or no)** \_\_\_\_\_ **License Class** \_\_\_\_\_

**Type of Aero Membership Regular or Family (check one)**

**Regular** \_\_\_\_\_ **Family** \_\_\_\_\_

*Regular dues (\$24/year) Family dues (additional \$2 per year)*

*If Family, call-sign of Family Member* \_\_\_\_\_

*I agree to abide by the FCC rules and regulations and to abide by the goals and by-laws of the Aero Amateur Radio Club.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_