

Membership Application

KJ6HCG

Glenn Amateur Radio Society

P. O Box 212 Willows, CA 95988

"Dedicated to Public Service"

E-mail: kj6hcg@gmail.com

Internet: <https://garshamradio.org>

Call Sign: _____ License Exp. Date: ____ / ____ / ____ New Member: ____ Renewal: ____

License Class: (Check One Only) ____ NOV ____ TECH ____ TECH + ____ GEN ____ ADV ____ EXTRA

Last Name: _____ First Name: _____ ARRL Member: ____ Yes ____ No

Address: _____ Birthday-Month ____ Day: ____

City: _____ State: _____ Zip+4: _____ + _____

Contact Phone: Area Code: _____ - _____ - _____ Email: _____

I wish to receive the **GARS** newsletter via: (Check One): Email: ____ Snail Mail: ____

CLUB DUES:	INDIVIDUAL MEMBERSHIP	\$20.00	____	(CHOOSE ONLY ONE:
	FAMILY MEMBERSHIP	\$30.00	____	INDIVIDUAL, FAMILY OR
	SENIOR / STUDENT	\$12.00	____	SENIOR / STUDENT)
	NEW MEMBER FEE	\$10.00	____	--- FIRST YEAR ONLY ---
	DONATION	\$ _____		
	TOTAL DUE	\$ _____		

NOTE: FOR NEW MEMBERSHIPS ONLY, INDIVIDUAL DUES WILL BE PRO-RATED QUARTERLY. FAMILY MEMBERSHIPS ARE TEN DOLLARS MORE THAN INDIVIDUAL AND INCLUDE ALL IMMEDIATE FAMILY MEMBERS LIVING IN YOUR HOME, LICENSED OR UNLICENSED. PLEASE PROVIDE INFORMATION FOR FAMILY MEMBERS BELOW **ONLY** IF YOU ARE APPLYING FOR A FAMILY MEMBERSHIP. PLEASE INCLUDE ALL INFORMATION. IF MORE FAMILY MEMBERS THAN SPACE PROVIDED, PLEASE ATTACH SEPARATE SHEET TO THIS APPLICATION.

Name: (First, Last) _____ Call Sign: (if licensed) _____ License Class: _____ License Exp. Date: _____ Birthday: (Mo/Day) _____

I / We agree to conduct my / our activities in accordance with the Articles of Incorporation and Bylaws of the Glenn Amateur Radio Society.

Signature of Applicant: _____ Date: ____ / ____ / ____

CLUB USE ONLY, PLEASE DO NOT WRITE BELOW THIS LINE

Date Application Received: ____ / ____ / ____ Received by: _____

Reviewed by Director: _____ Treasurer: _____ Secretary: _____

Payment by; Cash: ____ Cash amount: _____ Check: ____ Check Number: _____ CK amount: _____

Date Recorded by: Treasurer: ____ / ____ / ____ Secretary: ____ / ____ / ____

Copy of Articles of Incorporation and Bylaws given to Applicant: ____ Yes ____ No; Date: ____ / ____ / ____ if mailed, Date mailed: ____ / ____ / ____ (optional) Copy of Applicants Amateur Licenses: ____ Yes ____ No