



G.S.A.R.C. MEMBERSHIP FORM

Name: _____ Call Sign: _____

Address: _____

City: _____ State: _____

Zip: _____

E-Mail Address: _____

Phone Number: _____ Cell Phone: _____

Are you an ARRL Member: YES NO

If yes what month do you need to Re-new: _____

G.S.A.R.C. Dues for the Year are as follows:

INDIVIDUALS \$ 15.00 --INDIVIDUALS UNDER 21 YEARS OF AGE - \$10.00---FAMILY - \$20.00

The club accepts donations above the required dues

Amount Paid: _____ for calendar year _____

Note: Please write additional family member information (Name & Call Sign) on the back of this form.

*** PLEASE PRINT THIS FORM AND FILL IT OUT WITH YOUR DUES ***