

South Alabama Radio Club
P.O. Box 1923
Andalusia, Alabama 36420
Application for Membership

Name:

Last _____ First _____

Callsign (blank if none) _____

Year First Licensed _____

License Class.... (check one) Novice() Tech () General () Advanced () Extra ()

Birth Date:

Month _____ Day _____ Year _____

Male () Female ()

Contact Info:

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____

E-mail address: _____

NOTE. When making application for family members, complete a separate application form for each prospective member.

I, the undersigned, if accepted as a member in the South Alabama Radio Club do hereby agree to abide by the bylaws and the constitution of the Club. I have read and understand the constitution and bylaws of the Club.

Signed _____ **Date** _____

Approved by a voting majority of the South Alabama Radio Club on this date _____

Signed _____ President, South Alabama Club

Amount Dues Paid _____ Type Membership **Family** () **Full** () **Associate** ()

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