

**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

Name \_\_\_\_\_ Call Sign \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)

\_\_\_\_\_ (Cell) \_\_\_\_\_ (FAX)

e-mail address \_\_\_\_\_ Current ARRL Member Yes \_\_\_ No \_\_\_

FCC License Class \_\_\_\_\_ Year First Licensed \_\_\_\_\_

Birth Date \_\_\_\_\_ XYL's Name \_\_\_\_\_

Employment \_\_\_\_\_

Amateur Radio Interests; Nets, Contesting, DX, ARES/RACES, Rag Chewing, etc.:

What Bands & Modes Do You Operate? \_\_\_\_\_

Other Hobbies / Interests: \_\_\_\_\_

Why do you wish to join the Lewes Amateur Radio Society and what activities, projects, activities and/or programs could we offer that would most benefit you ? \_\_\_\_\_

Sponsor \_\_\_\_\_ Call Sign \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

(By Signing this membership application, the applicant hereby agrees to abide by the Constitution, By-Laws and Rules of the Lewes Amateur Radio Society.)

Annual Dues: \$ 20.00 Individual Membership (over 18 years of age)

\$10.00 Individual Membership (under 18 years of age)

(Note: Your sponsor must be a Full Member in good standing with the Lewes Amateur Radio Society. Members who are NOT licensed will become Associate Members. Please hand-deliver this membership form at a regularly scheduled Society Meeting, or mail to: Lewes Amateur Radio Society, P.O. Box 436, Lewes, DE. 19958.)