



W8AL

CANTON AMATEUR RADIO CLUB

*** PLEASE FILL OUT COMPLETELY, EVEN IF
NO INFORMATION HAS CHANGED ***

Membership Application

RENEWAL

NEW

Name: _____

Call: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

ARRL Member? YES NO

License Class: Novice Technician Tech-Plus General
 Advanced Amateur Extra None

Send me <i>The Feedline</i>	
<input type="checkbox"/>	Via Email
<input type="checkbox"/>	Via Postal Mail
<input type="checkbox"/>	Both

Expiration: _____ First Licensed: _____

Birthdate: ____ / ____ / ____

TYPE OF MEMBERSHIP

_____ SUSTAINING @ \$20.00 = _____

_____ FULL/FAMILY @ \$15.00 = _____

SEND TO:
CANTON AMATEUR RADIO CLUB
P.O. BOX 8673
CANTON, OHIO 44711

Make checks payable to:
CANTON AMATEUR RADIO CLUB

YEARLY DUES ARE PAYABLE BY JANUARY 17