



# MEMBERSHIP APPLICATION

Today's Date: \_\_\_\_\_

Call Sign: \_\_\_\_\_ Class:  N  T  G  A  E Birth Month: \_\_\_\_\_

Membership:  New  Renewal New Licensee:  Yes  No ARRL Member:  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Web site: \_\_\_\_\_

Email: \_\_\_\_\_ Receive email?  Yes  No

Full Membership: 1-Year (Jan - Dec) \$15.00

Family Membership: 1-Year (Jan - Dec) \$15.00 Primary Member + \$5.00 Each Additional Member

*Please list family members below:*

Call Sign	Name	Birth Month	Email
_____	_____	_____	_____
_____	_____	_____	_____

Unlicensed or Contributory Membership: 1-Year (Jan - Dec) \$5.00

I would like to contribute an additional \$ \_\_\_\_\_ to support GSARA functions.

Total Enclosed: \$ \_\_\_\_\_ (*Please make your check payable to: GSARA*)

I heard about the GSARA through (please check all that apply):

Friend: \_\_\_\_\_ (Call Sign)  On the Repeater  License Class/VE Session

Membership Drive  Newsletter or Newspaper Article  Web Search

ARRL  Other: \_\_\_\_\_

*Please mail this form with your check payable to the GSARA to:*

GSARA  
PO Box 6423  
Manchester, NH 03108-6423