

CENTRAL MASSACHUSETTS AMATEUR
RADIO ASSOCIATION, INC.
P.O. Box 60411 Worcester Ma. 01606-0411

APPLICATION FOR MEMBERSHIP

Name: _____ Call Sign : _____ CLASS: T T+ G E

Last First Initial

Address with zip code:

Phone:

Home: Work: (if you can be called)

Employer: Title:

Describe your present station:

Modes of operation:

Phone: CW: RTTY: Other:

What bands do you operate?:

Do you operate mobile / if so what bands?:

Are you active with any public service nets / if so please list? :

Are you an A.R.R.L. member?: Others:

Would you be interested in becoming an officer of the club? :

Aside from business meetings, what other functions or services do
you feel the club should provide?:

E-MAIL: _____

Signature and Date:

How would you like your name to appear on your name tag?:

Dues \$25.00 per full membership \$ 5.00 for each family member 65 and over \$20.00
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Date voted on: Remarks:

