

Please make check payable to:
Tri-City ARC

Tri-City Amateur Radio Club, Inc.

Membership Application/Renewal Form
Please bring form and check to next meeting or mail to:

Membership
Year 20__
Dues \$25.00

Dues received date: _____
By: _____

P.O. Box 73
Gales Ferry, CT 06335-0073

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Member of ARRL? ____ (y/n)

Phone: Home _____ Cell _____

Winter Address: _____

City: _____ State: _____ Zip: _____

I would be willing to receive the following categories of club related emails:

- Emergency Club Newsletter
- General Correspondence among members through club reflector

I would be willing to serve the club as an officer: _____ (y/n)

I would be willing to serve as a member of the _____ committee.

I would be willing to lead a program at a meeting _____ (y/n)

If Yes, on what subject? _____

I would be willing to lead a project _____ (y/n)

If yes, please describe _____

I would be willing to teach/mentor new hams _____ (y/n)

I would like to see the club do the following:
