

R.A.S.O.N.

Radio Amateur Society of Norwich
P.O. Box 329
Norwich, CT 06360

APPLICATION FOR MEMBERSHIP

NEW MEMBERSHIP

RENEWAL MEMBERSHIP

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Callsign: _____ License Class: _____ ARRL Member: Y N

ARES Member: Y N

E-mail: _____

Please deliver my monthly RASON newsletter via: US Postal E-mail

Single Membership Annual Dues \$15

<input type="checkbox"/> Family Membership Annual Dues \$18 -	Name	Callsign/Class	Member	
			ARRL / ARES	
	_____	_____	Y/N	Y/N
	_____	_____	Y/N	Y/N
	_____	_____	Y/N	Y/N

For new membership, please describe any special interest or activities you have in amateur radio

and how did you hear about R.A.S.O.N.

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FOR CLUB USE ONLY

DUES PAID \$ _____ Date: _____

New Membership: Accepted-Approved By: _____ Date: _____