

**MEMBERSHIP APPLICATION  
FOR  
BLADEN AMATEUR RADIO SOCIETY**

THE FOLLOWING PERSON IS HERE BY REQUESTING CONSIDERATION FOR MEMBERSHIP INTO THE BLADEN AMATEUR RADIO SOCIETY.

DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CALL SIGN \_\_\_\_\_ CLASS LICENSE \_\_\_\_\_

INTERESTS OR HOBBIES \_\_\_\_\_

SPECIAL SKILLS TRAINING \_\_\_\_\_

ARRL MEMBER YES \_\_\_\_\_ NO \_\_\_\_\_ ARRL MEMBER # \_\_\_\_\_

SIGNATURE APPLICANT \_\_\_\_\_

The above person **BY SIGNING THIS APPLICATION** acknowledges having read, understands, and agrees to abide by the Constitution and By-Laws of the Bladen Amateur Radio Society. The information provided is used for contact purposes and to form a program to enrich everyone's enjoyment of Amateur Radio. The twenty-five dollar (\$25.00) application fee and signed application can be given to any Society officer or mailed to:

BLADEN AMATEUR RADIO SOCIETY  
5342 N C HWY 87 WEST  
ELIZABETHTOWN, N. C. 28337

DO NOT WRITE BELOW THIS LINE

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1. COPY OF LICENSE \_\_\_\_\_ 2. WELCOME LETTER SENT \_\_\_\_\_ 3. REPEATER GUIDE \_\_\_\_\_
4. ADDRESS LABEL PRINTED \_\_\_\_\_ 5. VOTED ON BY MEMBERSHIP \_\_\_\_\_
6. CONTACT INFORMATION VERIFIED \_\_\_\_\_