

SAMPSON COUNTY AMATEUR RADIO SERVICES
MEMBERSHIP APPLICATION

NAME: _____ CALL SIGN: _____ CLASS _____

ADDRESS: _____

BIRTHDAY: ____ / ____

MONTH/DATE ONLY

PHONE: _____

E-MAIL: _____

A.R.R.L. MEMBER: YES / NO

FOR FAMILY MEMBERSHIP:

NAME: _____ CALL: _____ CLASS: _____

NAME: _____ CALL: _____ CLASS: _____

NAME: _____ CALL: _____ CLASS: _____

ANNUAL DUES ARE: \$30.00

MAKE CHECKS PAYABLE TO: S.C.A.R.S.

C/O: Lawton Eure, WR4FT
308 Grove Street
Clinton, North Carolina 28328

