

**HANOVER AREA HAMMING ASSOCIATION
MEMBERSHIP APPLICATION**

Name: _____ Date: _____
Street: _____ Call: _____
City: _____ Class: _____
State: _____ Year first licensed: _____
Zip code: _____ ARRL member: _____
Phone number: _____
E-mail address: _____

Membership type (single/family/associate): _____

(Optional) What are your ham radio interests? _____

(Optional) What activities would you like to see the club sponsor? _____

Dues are \$20 per year for individuals or \$25 for families. Give application and dues to the Treasurer at any club meeting or mail to:

Hanover Area Hamming Association
PO Box 84
McSherrystown, PA 17344