

Electronic Technology Society of New Jersey Membership Application

Application Date: _____

CALL: _____ (please provide copy of license)

NAME: _____ (last/first)

ADDRESS: _____ (street)
_____ (city/state/zip)

Home Phone: (_____) _____ (Please provide area codes)

Bus Phone: (_____) _____

E-Mail address _____

OK to publish home phone on roster? ____ (Y/N)

ARRL member? _____

RACES member? _____

Interest in repeater operation maint? _____

OTHER? _____

Other Amateur radio clubs? _____

Club Interest: _____

Sponsor _____ Sponsor Call _____ Date: _____

I certify that if elected to membership I will be bound by the provisions of the constitution and by-laws of the Electronic Technology Society of New Jersey Inc., and that I will not hold the society responsible in any way for any injuries or damages which I may incur through membership.

APPLICANT SIGNATURE _____ DATE _____

SPONSOR SIGNATURE _____

*Please make a \$20.00 check payable to "ETS of NJ" and mail to:
ETS of NJ C/O Jeff Lih, 321 Madison Hill Road, Clark NJ 07066*

//////////////////////////////////// -- for ETS Use Only -- //////////////////////////////////////
License Verified (Y/N) _____ INITIALS _____ Amount Received
Application Accepted (Y/N) _____ DATE _____