

Stu Rockafellow A.R.S. Membership

Membership Form:

YES I would like to join the fellowship and participate in the activities of the Stu Rockafellow ARS

NAME _____ CALL _____ DOB ____/____/____
ADDRESS _____ CITY _____
STATE _____ ZIP _____

E-Mail Address _____

\$20.00 Regular Membership

ARRL Member? Y N

\$15.00 Retired or Student

What School?

\$20.00 Associate Membership (Not Licensed)

Check or money order No. _____

Return form to:

ARS

201 S. Main St.

Plymouth, Michigan

48170-1212.

If you are a current member of S.R.A.R.S. and are joining or renewing your membership in the ARRL please use our Club Association Number 1041.

This form can be printed from Club web page <http://www.qsl.net/w8njh>

Revised 10/29/2005

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ARS
201 South Main Street
Plymouth, Michigan
48170-1212

Stamp
here

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Plymouth, Michigan
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