## Tama County Amateur Radio Society

## Membership Application

Name:	Call Sign:
Address:	
City:	State: ZIP Code:
Phone Number:	E-mail:
License Class:	License Expiration:
ARRL Member: Yes	No
Areas of Interest in Amateur Radio:	
***************************************	
FOR	R CLUB USE ONLY
Date Received:	Approved: Yes No
Effective Date:	
Membership: Full Asso	ociate
Officer Signature:	