

The Northern Ohio Amateur Radio Society

MEMBERSHIP APPLICATION

Please submit a separate form for each membership.

WARNING: Some of this data will appear in the roster. So please mark all information you want to be private!

Please indicate if this is a: New Renewal Changes application Please print!

Call Sign _____ Class _____ License Expires ____ / ____ / ____

Name First _____ Init. ____ Last _____

Membership type: Full (\$10/yr) Associate (\$5/yr) Family* (\$2/yr) Charter

Membership expiration date 12 / 31 / ARRL Y/N _____ ? Amount paid \$ _____

Street Address _____ Apt _____

City _____ State _____ Zip _____

Email Address _____

Phone (____) _____ - _____ Mailings** via: U.S.P.S - E-Mail

Ham interests:

* _____ Call Sign of family member with full NOARS membership

**Mailings = Monthly newsletter, Roster and/or Roster updates

iqj/081804