



The Northern Ohio Amateur Radio Society Membership Application

Mail completed form with a
check/money order to:
NOARS- Membership
20246 Drake Road
Strongsville OH 44149

Call Sign _____ Class _____ Birthday Month _____

Name First _____ Init _____ Last _____

Type: Full (\$15/yr) ___ Associate (\$7/yr) ___ Family* (\$4/yr) ___ Life/Honorary ___

Expiration date: ___/___/___ ARRL Member? (Circle one) Y N

Street Address: _____ Apt #: _____

City: _____ State: ___ ZIP: _____

Email Address: _____ Keep Private**

Phone: (____) _____ Keep Private**

Ham radio interests: _____

*Call Sign of Family Member: _____

** If checked, email, address, or phone number will be disclosed in the website
Member Listing which is only accessible by NOARS Members but not on the
printable roster.

For Office Use:

Amt Pd: _____

Date Pd: _____

Renewal: _____

New: _____

Initials: _____

Data Entry: _____

Comments: _____

Northern Ohio Amateur Radio Society

Name: _____ Call sign: _____

Date: _____ Amount Paid: _____ Rcvd by: _____