



HAMPDEN COUNTY RADIO ASSOCIATION

P.O. BOX 562

AGAWAM, MA 01001

Application for New or Renewal Membership



DATE: ____ / ____ / ____

NAME: _____ CALL SIGN: _____

ADDRESS: _____ LICENSE CLASS: _____

APT. NO. _____ CITY _____ STATE: _____ ZIP: _____

PHONE HOME: (____) - ____ - _____ CELL: (____) - ____ - _____

WORK: (____) - ____ - _____ - _____ EXT ARRL MEMBER YES NO

OTHER PHONE:(____) - ____ - _____ - _____ EXT

EMAIL: _____ I don't want to be a member of the HCRA mailing list

TYPE OF APPLICATION

NEW

RENEWAL

If renewal use data already on file?

YES

NO

Class of application

REGULAR

FAMILY

DONATIONS ARE TAX DEDUCTIBLE THANKS

Please list additional family members. If you need more space, write on back.

Name	CALL	ARRL MEMBER?	EMAIL
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Thoughts for improving 'our' club: _____

Dues are \$15/year for regular membership. Additional family members are free. ANNUAL DUES: _____ \$15.00

DONATION: _____

TOTAL: _____

RECEIVED BY: _____ DATE: ____ / ____ / ____