Membership Application

Name:		Call Sign:	Call Sign:	
License class:		ARRL Member? _	ARRL Member?	
Mailing Address: _				
City:		State:	Zip:	
Phone:		Email:		
Family Members: (please include na	me, call sign, license cla	ss, & email address)	
Annual Membersh Individual M	•		\$20.00	
Family Mem	bership		\$35.00	
		able in January of each yed inactive and removed		
Please complete an	• •	lication, along with you Wiregrass Amateur R		

P O Box 958 Dothan AL 36302