

P.A.R.K. MEMBERSHIP APPLICATION

CALL SIGN: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ BUSINESS PHONE: _____

SPOUSE NAME: _____

E-MAIL _____

LICENSE CLASS: _____ ARE YOU A MEMBER OF ARRL? _____

ARES? _____ OTHER ORGANIZATIONS? _____

WHAT EQUIPMENT DO YOU HAVE? _____

WHAT ARE YOUR INTERESTS? _____

FOLLOWING IS A LIST OF COMMITTEES. PLEASE INDICATE FIRST, SECOND AND THIRD CHOICES:

PROJECTS _____

PUBLIC RELATIONS _____

TECHNICAL PROBLEMS _____

MEMBERSHIP _____

NOMINATING _____

PROGRAMS _____

FIRST YEAR DUES ARE FREE THEN-DUES ARE \$16.00 INDIVIDUAL, \$24.00 GROUP (EVERYONE UNDER SAME ROOF) PER YEAR. PAYABLE AT BEGINNING OF YEAR.

RECOMMENDED BY CURRENT MEMBER: _____

SIGNATURE: _____ Date: _____

Bring Application to a Klub Meeting or mail it to:

PARK Klub
1722 20th Street
Parkersburg, WV 26101