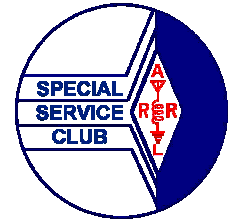




# Application For Membership



PO Box 335  
Gloversville, NY 12078

**TRYON  
Amateur Radio Club**

www.K2JJJ.org

## Personal Information

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_ License Class: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ ARRL Membership?   Y  /  N  

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person Name / Phone #: \_\_\_\_\_

Primary Amateur Radio Interests or Certifications , i.e. Public Service, Contesting, FEMA ICS, etc...:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Membership Agreement

Annual Dues for Full Membership      \$10.00 per year (Sept. thru Aug.)

***I agree to conduct my activities in accord with the Bylaws of  
the TRYON Amateur Radio Club.***

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date

\_\_\_\_\_  
Signature