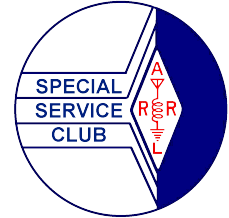




Application For Membership



182 County Highway 101
Gloversville, NY 12078

TRYON
Amateur Radio Club

www.K2JJI.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, i.e. Public Service, Contesting, 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