



RAMONA OUTBACK AMATEUR RADIO SOCIETY MEMBERSHIP APPLICATION

DATE _____ *New* *Update* *Renewal*

FIRST NAME _____ | LAST NAME _____

CALLSIGN _____ | LICENSE CLASS _____

STREET ADDRESS _____

CITY _____ | ZIP CODE _____

HOME PHONE () - _____ | EMAIL _____

BIRTHDATE _____

ARRL MEMBER ARES MEMBER SKYWARN MEMBER

DUES (Check one)

SINGLE: \$16

FAMILY: \$20

WRITE NAMES AND CALLSIGNS OF OTHER HAMS RESIDING AT THE SAME ADDRESS

STUDENT: \$12

FULL-TIME STUDENT UNDER 18 YEARS OF AGE

ASSOCIATE: \$10

NON-HAM OR BUSINESS

How would you like to receive your monthly ROARS Newsletter?

- E-mail
- U.S. Mail

What aspects of amateur radio are you interested in?

MAIL YOUR COMPLETED MEMBERSHIP APPLICATION AND CHECK FOR PROPER DUES AMOUNT TO
ROARS, P.O. BOX 663, RAMONA, CA 92065

BELOW IS FOR OFFICE USE

Paid Date _____ Member Package Mailed _____ Card Issued _____ Database _____