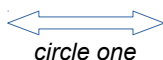




Membership Form

New Membership



Renewal

NAME: _____ CALL: _____ LICENSE CLASS: _____
last first initial

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE:(_____) _____ - _____ Unlisted? Y/N _____ (If unlisted, number will not be published)

WORK or CELL PHONE:(_____) _____ - _____ Unlisted? Y/N _____

E-MAIL ADDRESS: _____ Unlisted? Y/N _____
We will forward your yellowthunder.org e-mail to this address

Operating modes: SSB___ FM___ CW___ RTTY___ PACKET___ SSTV___ FSTV___ OSCAR___ DSTAR___

OTHER: _____

ARRL Member? YES___ NO___

Programs or Activities you would like to see for YTARC meetings: _____

Club dues are \$20.00 per year.

I hereby make an application for membership renewal in the club and agree to abide by the rules of the club.
 Enclosed is \$20.00 for my membership in YTARC.

Signature: _____ Date: _____

Please send this form with check payable to:

Yellow Thunder A.R.C.
 P.O. Box 202
 Baraboo, WI 53913