# AmatuerRadio Association of the Southern Tier, Inc.

## Membership application

PO. Box 614 Horseheads, NY 14845 www.arast.org

Applicant Name: _____ Call Sign: _____
Address 1: _____
Address2: _____
City: _____ State:_____ Zip: _____
Phone numbers (optional): _____ Cell: _____
Email address: _____
ARRL member: ❑ Yes ❑ No License Class: _____

Membership types:
*FAMILY MEMBERSHIP*: This covers all licensees living in the same household. Fill in the information for each licensee. A membership card will be issued to each licensee for the single fee of $15.00

*RETIRED MEMBERSHIP*: If you are retired from all gainful employment and the only licensee in your household you are eligible for a reduced membership fee of $10.00. If there is more than one licensee in the household, please use the family membership.

Chose One:

❑ Individual/Family membership $15.00
List all active Amateurs in the household, include call signs.
1) _____
2) _____
3) _____
4) _____

❑ Retired membership $ 10.00

Questions? Contact Charlie Santi at:
607-739-9817
ka2bed@arast.org

Mail completed membership application and payment to: ARAST c/o
Charles Santi Jr.
6 Hickory Grove
Horseheads, NY 14845

Additional copies of this form may be downloaded at www.wa2ntk.com