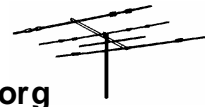


AMATEUR RADIO ASSOCIATION OF THE SOUTHERN TIER

MEMBERSHIP APPLICATION

PO. Box 614 Horseheads, NY 14845-0614 www.arast.org



Applicant: Name: _____ Callsign: _____
Address1: _____
Address2: _____
City: _____ State: _____ ZIP: _____
Phone number: _____ (optional)
Email address: _____ ARRL member: Yes No

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 for each licensee for the single fee of \$15.00

RETIRED MEMBER If you are retired from all gainful employment and the only licensee in your household check this box and receive a reduced membership. If there is more than one licensee in your household, please use the family membership.

- Individual/Family membership \$15.00
List all active Amateurs in household, include callsigns and license class.

1) _____
2) _____
3) _____
4) _____

- Retired membership \$10.00

Mail membership application and payment to:

ARAST c/o
Charles Santi Jr. KA2BED
6 Hickory Grove
Horseheads, NY 14845

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