

CCARS Membership Application

(PLEASE PRINT CLEARLY)

FCC CALL SIGN:	CLASS	VE
NAME		
Last:	First:	MI:
ADDRESS Street		
City	State	ZIP
PHONE: (Include Area Code) Home:		
		
E-Mail Address:		
Website (If applicable):		
OTHER:		
	oin the Camden County Amateur Radi	
CLUB USE ONLY	•••••	•••••
Dues Paid: () Cash () Che	ck () Other Amount: \$	
Club Officer Signature:		