



# Arlington Radio Public Service Club

## Application for Membership



Name:		Call Sign:
Street Address:		
City:	State:	Zip Code:
E-mail Address (do not submit an e-mail alias):		

**New Application**    
  **Renewal**                     
 **ARRL Member:**    Yes    No

<b>Annual Membership Fee - Select One:</b>  <input type="checkbox"/> Individual - \$20.00 <input type="checkbox"/> Family - \$25.00	<b>Voluntary Donation to ARPSC, Inc.:</b>  <input type="checkbox"/> \$1 <input type="checkbox"/> \$5 <input type="checkbox"/> Other (\$     )
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My main interests in Amateur Radio are:
I would like to learn more about:
I would like help with:

I, the undersigned, hereby request membership in ARPSC. I understand that my application for membership is subject to approval by the ARPSC Board of Directors, in its sole discretion, and that ARPSC membership is subject to the corporation bylaws.

Signature:	Date:
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Instructions: Complete form and submit with check or money order to:

ARPSC, Inc.  
 5262 Bessley Place  
 Alexandria, VA 22304