

# Northern Neck

*Amateur Radio Club*

W4KGC

## 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 NNARC:</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 NNARC. I understand that my application for membership is subject to approval by NNARC, in its sole discretion, and that membership is subject to NNARC bylaws.

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

NNARC  
15151 Belle Isle Road  
King George County, VA 22485

AppForm2010