



Bolingbrook Amateur Radio Society
 P.O. Box 802
 Bolingbrook, IL 60440



APPLICATION FOR MEMBERSHIP

Name: _____ Callsign: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home _____ Cell _____

License Class: _____ Expiration Date: _____

Volunteer Examiner: _____ (Yes / No) Accreditation Expires: _____

ARRL Membership: _____ (Yes / No) Family Member? _____ (Yes / No)

FOR FAMILY MEMBERSHIP:

Family Member 1 Name: _____ Callsign: _____

Family Member 2 Name: _____ Callsign: _____

TYPE OF MEMBERSHIP (Please check all that apply):

New Renewal (all categories)
 Regular (\$25.00) Family (\$25.00)

I agree to allow my personal information to be circulated to other members of the club and appear on the BARS Web site. Your name and callsign will be published to club members and on the BARS Web site.

Please indicate what information you wish to be published below.

CLUB WEBSITE

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Callsign
_____	_____	Address
_____	_____	Phone Number
_____	_____	Email address

I believe that the information above is correct to the best of my ability.

Signature _____ Date _____

***** Please make checks payable to: BOLINGBROOK AMATEUR RADIO SOCIETY *****

Application and payment may be mailed to the address above or returned at a regular BARS meeting.

- - - - - **Please Do Not Write Below This Line** - - - - -

Date Rec'd: _____ By: _____

Amount Paid: \$ _____ Cash/Check Number: _____

Pay Pal \$ _____ Date Received _____