



## NEA Radio Club Membership Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Callsign: \_\_\_\_\_ License Class: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home)

\_\_\_\_\_ (mobile)

ARRL Member: Yes / No

Are you an ARRL Volunteer Examiner? Yes / No

Membership Category:  Individual (\$25/year)

Family (\$35/year)

Other (specify donation, etc.) \_\_\_\_\_

**Please make checks payable to NEA Radio Club**

*If paying by mail, please mail checks to:*

Joan Mitchell  
NEA Radio Club  
141 CR 122  
Bono, AR 72416



*For Club Use Only*

Membership Expiration: \_\_\_\_\_

Member Since: \_\_\_\_\_