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

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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: _____