

# A.A.R.G.

## MEMBERSHIP FORM

NEW [ ] RENEWAL [ ]

Name \_\_\_\_\_ Call \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Listed on roster/website? Yes ( ) No ( )

Email Address \_\_\_\_\_ Listed? Yes ( ) No ( )

Do you wish to have your email address listed on the club web site? Yes ( ) No ( )

New Member - Were you recommended by a current member Yes ( ) No ( )

If yes to above, Member's Name \_\_\_\_\_ Call \_\_\_\_\_

Membership ( ) Individual \$15.00 or ( ) Family \$25.00 Additional Donation \$ \_\_\_\_\_

Include family names and call signs for additional members below:

Name \_\_\_\_\_

Call \_\_\_\_\_

Name \_\_\_\_\_

Call \_\_\_\_\_

Name \_\_\_\_\_

Call \_\_\_\_\_

Name \_\_\_\_\_

Call \_\_\_\_\_

Make Checks Payable To:

AARG

650 Poplar St.

Lebanon, PA 17046-4330