

Membership application for Suburban Technical Amateur Radio System

Web

Please Print

Name: _____ Today's Date: _____

Call sign: _____ License Class: _____ Expiration Date: _____

Mailing address: _____

City: _____ State: _____ Zip (+4, if known): _____

Home phone: _____ Occupation: _____ Birth Date: _____

Do you have an E-Mail address? **YES** **NO** If yes, please provide it _____

May we publish this number in our roster? (Circle one) **YES** **NO** A.R.R.L. member? **YES** **NO**

If yes, please show expiration date (MM/YY): _____ Any other hams living at the above address? **YES** **NO**

If yes, please list below their name(s), callsign(s), expiration date(s), ARRL status and their relationship to the applicant.

Will you support and participate in club functions? **YES** **NO** Any specific ham radio interests (contesting, DXing, packet, satellite, etc.): **YES** **NO** If yes, please provide details: _____

If accepted for membership in the **Suburban Technical Amateur Radio System**, I hereby agree to fully abide by the Constitution and By-Laws of this organization as now constituted or as may be ammended from time to time by the membership. I also agree to abide by any additional rules and regulations that are or may be set by the Board of Directors and the repeater station Trustee. I also understand that the Club dues are \$25.00 anually, \$20 for individuals 65 years of age or older and \$15 for individuals 16 years of age or less with proof of age submitted with this application, and that they are payable each June 1.

Signature and callsign of applicant: _____

Signature and callsign of sponsor: _____

Mail completed application, photocopy of license(s), proof of age (if necessary) and appropriate fee to:

S.T.A.R.S. , Post Office Box 1240, Tinley Park, Illinois 60477-8040

A copy of this application may also be down-loaded from our web site at: WWW.STARSRADIO.ORG

For STARS Use ONLY

Application received (date): _____ Accepted (date): _____ Rejected (date): _____

REASON: _____

Membership package mailed? **Y** **N** Date: _____ STARS ID number assigned: _____

Signature: _____ Signature: _____

(President)

(Secretary)