

PORT ELIZABETH AMATEUR RADIO SOCIETY

PO BOX 10402 LINTON GRANGE 6015



APPLICATION FOR MEMBERSHIP

Surname: _____ Callsign: _____

First names: _____

Nickname, if any: _____

Residential address: _____

_____ Postcode _____

Postal address (if different) _____

_____ Postcode _____

Telephone: Home (_____) _____ Business (_____) _____

e-Mail address: _____

Date of birth (D/M/Y) _____

Are you a paid-up member of the SA Radio League? _____

If married, *spouse's name/nickname _____

*Her/his birth date (day and month only will suffice) (D/M) ____/____

*Her/his callsign, if any _____

*Wedding anniversary (day/month) ____/____

***THIS INFORMATION IS VOLUNTARY AND IS REQUIRED FOR SOCIAL PURPOSES ONLY.**

Category of membership required (mark with X):

Full Family Student

If "Family" category requested, furnish name and callsign, if any, of Full member with whom you reside: _____

If "Student" category requested, furnish name and address of institution at which you are studying: _____

I agree to abide by the Constitution and Rules and decisions of the Club if my application for membership is successful.

Signature of Applicant

Date

FOR OFFICE USE ONLY:

Approved Refused DATE _____

Applicant informed

Treasurer informed

Member list updated

QSX Ed Address list

CHAIRMAN

SECRETARY