

NOBARS Membership Application Form

Name _____

Callsign: _____ ARRL (Y/N)

Address: _____

City _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email _____

Name 2 (family): _____

Callsign: _____ ARRL (Y/N)

Home Phone: _____ Work Phone: _____

Email _____

Name 3 (family): _____

Callsign: _____ ARRL (Y/N)

Home Phone: _____ Work Phone: _____

Email: _____

New member[] Renewal[]

Single (\$20) Family (\$25) Student (\$10) Amount: \$ _____

I would like to donate toward expenses:

\$10[] \$20[] \$50[] \$100[] Other[] Amount: \$ _____

Total: \$ _____

Please make checks payable to:

Northern Berkshire Amateur Radio Club
P.O. Box 2097
Pittsfield, MA 01202-2097

If you have your own website, let us know and we will add a link to it from our website.