

A.A.R.G.

MEMBERSHIP FORM NEW [] RENEWAL []

Name _____ Call _____

Address _____

City _____ State _____ Zip _____

Telephone No. () _____

Telephone Listed on Roster? Yes () No () on Website? Yes () No ()

Email Address _____

Email Listed on Roster? Yes () No () on Website? Yes () No ()

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

If yes to above, Member's Name _____ Call _____

Membership () Individual \$20.00 () Family \$25.00 Add'l Donation \$ _____

Include family names and call signs for additional members below:

Name _____ Call _____

Name _____ Call _____

Name _____ Call _____

Name _____ Call _____

Make checks payable to **AARG, Inc**

and mail to **AARG, Inc**
c/o Treasurer
501 E. Maple St.
Cleona, PA 17042-2536