

# ALBERTON AMATEUR RADIO CLUB



P O BOX 2627  
ALBERTON  
1450  
www.aarc.co.za



## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ CALL SIGN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL NO: (H) \_\_\_\_\_ ID NO: \_\_\_\_\_  
(W) \_\_\_\_\_ e-mail \_\_\_\_\_  
CELL \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ CALL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

WEDDING DATE: \_\_\_\_\_

CHILDREN:

NAME:	CALL	BIRTHDAY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I AGREE TO ABIDE BY THE ALBERTON AMATEUR RADIO CLUB CONSTITUTION AND RULES

I AGREE TO SUPPORT THE ALBERTON AMATEUR RADIO CLUB TO THE BEST OF MY  
ABILITY.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_