

Johnson Amateur Radio Service

Application for Membership

CALL _____ CLASS LICENSE (T, G, or E) _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EXT _____ FAX # _____

E-MAIL _____ PACKET _____

MEMBERSHIP IN: ARRL: _____ RENEWAL DATE: _____

ARES: _____ RACES: _____ SKYWARN: _____

Do you wish to be included in the email and cell phone emergency notification system?
____yes ____no

If yes: Cell Phone Number _____ Service Provider _____

PRIMARY INTEREST IN AMATEUR RADIO:
