



Southern Michigan Amateur Radio Society

www.w8df.com



Membership Application

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Callsign _____ Class of License _____ Year First Licensed _____

Email _____

Are You a Current Member of the American Radio Relay League (Yes) (No)

Principal Ham Radio Interests (UHF, Contesting, DX, Experimenting, Construction, etc.) _____

Other Hobbies or interests _____

Occupation _____

Birthday (Month / Day) _____

Married (Yes) (No) Anniversary Date _____

Spouse's Birthday _____ Spouse's Callsign _____ Spouse's Class of License _____

Additional family members residing in SAME household

Name	Relationship	Callsign	Class of License	Birthday

(Please use back for additional family members)

Please bring completed data sheet to next SMARS meeting or mail to: SMARS, P.O. Box 934, Battle Creek, MI 49016