

A.A.R.G.

MEMBERSHIP FORM NEW [] RENEWAL []

Name _____ Call _____

Address _____

City _____ State _____ Zip _____

Telephone No. () _____ Listed on roster/website? Yes () No ()

Email Address _____ Listed? Yes () No ()

Do you wish to have your email address listed on the club web site? 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 or () Family \$25.00 () Additional 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.

650 Poplar St.

Lebanon, PA 17046-4330