

Salop Amateur Radio Society

MEMBERSHIP APPLICATION / RENEWAL FORM

I wish to: - (Please tick one only)

- apply for membership to SARS ● renew my membership to SARS

Name _____ Call sign/SWL _____

Address _____

Postcode _____ Telephone Number _____

E-mail address _____

I understand that the membership records are maintained on a computer database and I have no objections to my details appearing on the database. (Details only used within SARS)

Signed _____ **Date** ____/____/____

Please return the completed form to the SARS Treasurer or other Committee Member.

RS09/11

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SARS USE ONLY

Salop Amateur Radio Society Membership Receipt

Membership Year _____

Call sign/SWL _____

Received with thanks by _____ **Date** ____/____/____

Thank you for your continued support of Salop Amateur Radio Society.

RS09/11