

WOMG MEMBERSHIP FORM

Name: _____ Call sign: _____

Address: _____ Zip: _____

City: _____

Telephone: _____

Email address: _____

License class: _____ (technician, general, advanced, extra)

ARRL member? _____ (yes or no)

Areas of interest in ham radio: _____

Suggestions for Programs and activities during 2017: _____

RECEIPT FOR 2017 MEMBERSHIP DUES PAYMENT NIARA (WOMG)

Date paid: _____ Amount paid: \$ _____ (\$20.00)

Members name: _____

Dave Knittel, K0CQH, TREASURER
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Waverly, Ia. 50677