



# Hall of ScienceARC, Inc Membership



## Application

P O B o x 150131, KEW GARDENS, NEW YORK 11415

*If paying by CHECK, please send to above address*

*or you can pay with PAYPAL using membership@hosarc.org for email address*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Call Sign: \_\_\_\_\_ License Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

ARRL Member -  Yes  No      VE -  Yes  No

### Please mark your interests

- |                              |                                 |                                |                               |
|------------------------------|---------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> HF  | <input type="checkbox"/> CW     | <input type="checkbox"/> SSTV  | <input type="checkbox"/> APRS |
| <input type="checkbox"/> VHF | <input type="checkbox"/> PHONE  | <input type="checkbox"/> ATV   | <input type="checkbox"/> ARES |
| <input type="checkbox"/> UHF | <input type="checkbox"/> RTTY   | <input type="checkbox"/> FAX   |                               |
|                              | <input type="checkbox"/> PACKET | <input type="checkbox"/> OSCAR |                               |

Paying by Check: \_\_\_\_\_ Paying with Paypal (use email membership@hosarc.org): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Membership Dues

Membership dues are \$30 per year.

Membership dues must be paid by March 1st to maintain continuous membership for that year.

During the year the following due structure applies

1st Quarter - 100%, 2nd Quarter - 75%, 3rd Quarter - 50%, 4th Quarter - 25%

The following dues structure becomes effective March 8, 2005

Senior Citizen - \$20, Student \$10 till age 18, Additional family member ½ dues per member

Make all checks payable to: **Hall of Science Amateur Radio Club, Inc**

\* \* \* \* \* Do Not Write Below This Line \* \* \* \* \*

Treasurer: Method of Payment: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Type:  FULL  STUDENT  SENIOR  FAMILY  NEW  RENEWAL

**If SUBMIT button does not work, download form to computer and submit from there. =====>**