

## Bergen Amateur Radio Association Membership Application

Date: Dues Year	Any Changes From Last Year? NY
First Name:	Last Name:
Address:	City: State: Zip:
Telephone: Cell: ()	Home: ()
Call Sign:	License Class: Year First Licensed:
License Expiration Date	
Is Your Information Current On (	RZ.Com? Yes No
Please check if you are a memb	er of any of the following organizations:
ARRL VE Program RA	ES ARES CERT Other
Your Amateur Activities	PSK Contesting DX Your DXCC Count
Your Amateur Activities  HF VHF CW RTTY _  Other:	_ PSK Contesting DX Your DXCC Count
Your Amateur Activities  HF VHF CW RTTY _  Other:  Please Select Committees/ Activ	_ PSK Contesting DX Your DXCC Count ities You Want to Participate In
Your Amateur Activities  HF VHF CW RTTY _  Other:  Please Select Committees/ Activ	_ PSK Contesting DX Your DXCC Count
Your Amateur Activities  HF VHF CW RTTY _  Other:  Please Select Committees/ Activ  Membership Program / 0	_ PSK Contesting DX Your DXCC Count ities You Want to Participate In
Your Amateur Activities  HF VHF CW RTTY _  Other:  Please Select Committees/ Activities  Membership Program / C  Public Service / Special Events	PSK Contesting DX Your DXCC Count  ities You Want to Participate In  alendar Nominating / Awards VE
Your Amateur Activities  HF VHF CW RTTY _  Other:  Please Select Committees/ Activities  Membership Program / C  Public Service / Special Events  Public Relations / Newspaper Re	PSK Contesting DX Your DXCC Count  ities You Want to Participate In  alendar Nominating / Awards VE  Web site Technology
Your Amateur Activities  HF VHF CW RTTY _  Other:  Please Select Committees/ Activ  Membership Program / O  Public Service / Special Events  Public Relations / Newspaper Re  Net DX Education	PSK Contesting DX Your DXCC Count  ities You Want to Participate In  alendar Nominating / Awards VE  Web site Technology  eases C ommunity / School Interface