



**Bergen Amateur Radio Association
Membership Application**

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Call Sign: _____ Year First Licensed: _____

Email Address: _____

Please check if you are a member of any of the following organizations:

ARRL ____ VE Program ____ RACES ____ ARES ____ Other _____

Any other information that you think we should know: _____

Return completed form to:

David Levine, K2DSL

Email: treasurer@bara.org

11 Mackay Ave.

Waldwick, NJ 07463

Annual Dues: \$20

For BARA use only:

Dues Paid: YES NO Date paid: _____