

**A.A.R.G.**  
**MEMBERSHIP FORM**  
**NEW [ ] RENEWAL [ ]**

Name \_\_\_\_\_ Call \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Listed? Yes ( ) No ( )

Email Address \_\_\_\_\_ Listed? Yes ( ) No ( )

Were you recommended by a current member Yes ( ) No ( )

If yes, Member's Name \_\_\_\_\_ Call \_\_\_\_\_

**Membership ( ) Individual \$15.00 or ( ) Family \$25.00**

Include family names and call signs for additional members below:

Name \_\_\_\_\_

Call \_\_\_\_\_

Name \_\_\_\_\_

Call \_\_\_\_\_

Name \_\_\_\_\_

Call \_\_\_\_\_

Name \_\_\_\_\_

Call \_\_\_\_\_

**Additional Donation \$ \_\_\_\_\_**

**Make Checks Payable To:**

**AARG**

**208 CLARK RD**

**HERSHEY, PA 17033**