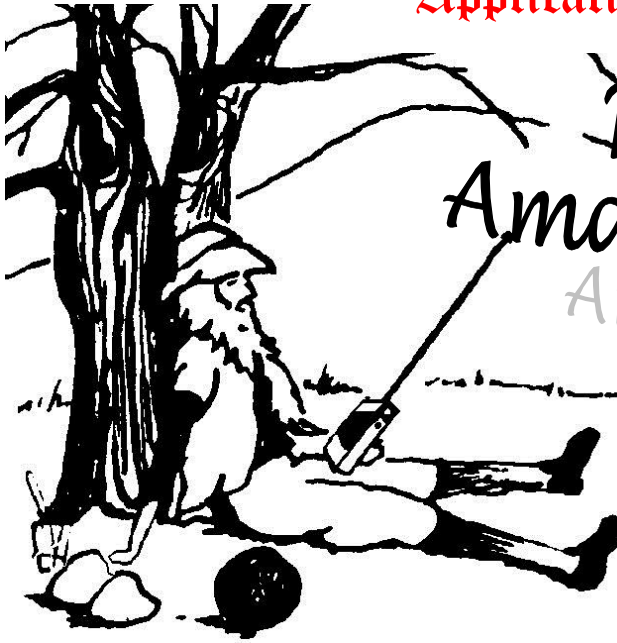
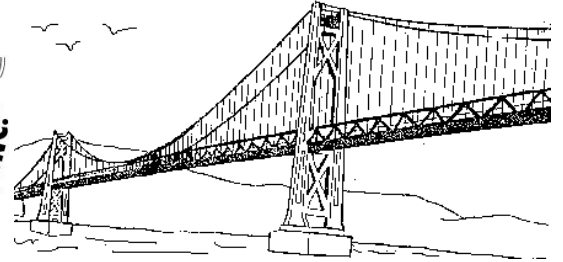


Application for Membership



Rip Van Winkle Amateur Radio Society

Rip Van Winkle Amateur Radio Society



Serving the Amateurs of the Hudson Valley

Name _____ Call _____ License Class _____

Address _____ Phone (____) _____

E-Mail _____ Birthday _____

Interests:

Membership: ARRL ARES RACES Skywarn

Committee Interests: Technical Education Field Day DX
 Contesting Public Service Publicity Hospitality

Comments:

I hereby agree to abide by the Constitution and By-Laws of and all the rules and regulations enacted by the Rip Van Winkle Amateur Radio Society.

Signature _____ Date ____/____/____

Mail to:
Treasurer
Rip VanWinkle ARS
P.O. Box 571
Copake, NY 12516

Annual Dues:
Individual \$25 – Family \$30
Students \$5.00 – Active Military Free

New Member
Renewal