



YORK COUNTY AMATEUR RADIO SOCIETY

Officer Use Only	
Dues Amount Paid	Application Taken By
Payment Method	Roster Updated By

2020 Membership Application

Applicant Information

Callsign: _____ Application Type: NEW RENEWAL ASSOCIATE

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

YORK COUNTY AMATEUR RADIO SOCIETY

Phone: _____ Email: _____

License class: TECH GEN EXT Hamshack Hotline (if applicable): _____ ARRL VE? YES NO

Emergency Contact: _____
Name Phone

Signature: _____

Completed application may be given to any officer or emailed to ycars@ycars.org