Merrill Amateur Radio Group - MEMBERSHIP FORM

NAME:	Call	sign:
Mailing Address:		
CITY:	State:	Zip:
Cell Phone: ()		
Email Address:		
License Class: N T T+ G A E (Circle One)	Expiration Date:	
ARRL Member: <i>Yes No</i> ARRL (Circle One)	Membership Expiration Dat	:e:
*Membership Dues are \$25.00 annuall residence, from the same family. (Exa		
*Payments can be made electronically via below.	paypal @ www.MargDX.clu	b or simply scan the QR code
*Please make payments out to : Merrill Am P.O. Box Merrill, V	• • • •	oly "MARG")
* For questions or concerns please email:	Treasurer@Margdx.org	
	****END****	
Payment Recevied By:		
Payment Date:		1-5 (25)
Information Updated to Roster:		
FAMILY APPLICATION		