

Salop Amateur Radio Society

MEMBERSHIP APPLICATION / RENEWAL FORM

I wish to:- *(Please tick one only.)*

● apply for SARS membership ● renew my SARS membership

Name _____ Callsign/SWL _____

Address _____

Postcode _____ Telephone Number _____

E-mail address _____

I am over 65 years old

The above details will be held on a computer database, which may be made available to other SARS members on request to the committee. Members details will not be shared with anyone outside SARS.

● I agree to my details being held ● I wish my details to be withheld

Please tick one only.

Signed _____ Date ____ / ____ / ____

Please return this form to the SARS Treasurer or other committee member.

SARS USE ONLY



Salop Amateur Radio Society Membership Receipt

Membership Year _____

Callsign/SWL _____

Received with thanks by _____ Date ____ / ____ / ____

Thank you for your continued support of the Salop Amateur Radio Society.