



Elizabeth Amateur Radio Club Inc

PO Box 8
Elizabeth, SA, 5112

Membership Application

Surname: _____ First Name: _____

Preferred First Name (if different): _____

Callsign: _____ Occupation: _____

Address: _____

WIA Member: _____ Expiry: _____

Telephone - Home: _____

Telephone - Work: _____

Telephone - Mobile: _____

Email Address: _____

I hereby agree to abide by the constitution and rules of the Elizabeth Amateur Radio Club Inc.

Signed: _____ Date: _____

This information is collected and kept for the sole use of the Elizabeth Amateur Radio Club Inc and will not be divulged to a third party without the express permission of the member.