North Shore Radio Association Membership Application

Date: / /	New	Renewal	Upda	ite Info	Donation
Date:// Call sign: Clas	 ss:	 Yea	ar first lic	censed: _	
Name:	Nar	ne on air:		B-Dav:	
Address:	_ City:	S	tate:	Zip:	
Phone (Home):	(Work):		ARR	L#:	
E-Mail address:					
If on the Internet: Newsletter Your capabilities (bands, mode	via Internet	YourCal	I@nsrai	o.org mail	Address
Other hobbies & interests:					
Referred by (if any):					
Type of membership requested Full Studer If Associate, Call sign of the Fu	nt (full-time)	Assoc	•	-	•
,		•			
Dues:					
Full = \$20 Student = \$ Partial Year: Sept Nov. = \$20, Dec June - Aug = [New members will receive a personal Amount enclosed:	Feb. = \$15, Ma \$20 (Credited t	ır May = \$10, o next year's me	mbership.	. (3 months	free)

Mail to: NSRA RENEWALS PO BOX 3724 PEABODY MA 01961-3724