



## 2012 SLSRC MEMBERSHIP

Please complete and mail this form with your check for \$25.00 made payable to **SLSRC**.

Mail to:  
**SLSRC**  
**P.O. Box 2233**  
**St. Louis, MO 63109**

Thank you for your interest and support of SLSRC!

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(LICENSE CLASS)

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(CALLSIGNS OF OTHER LICENSED AMATEURS AT THIS ADDRESS)

You may share this information with other SLSRC club members? \_\_\_Yes • \_\_\_ No

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(SIGNATURE)

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(DATE)

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