



SLSRC MEMBERSHIP APPLICATION

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

Mail to:

SLSRC

331 N New Ballas Rd, Box 410035

Creve Coeur, MO 63141-9998

Name (Please Print):			
Call Sign:			
License Class:			
Address:			
City:			
State and Zip:			
Email Address:			
Telephone:			
Membership Type (Check all that apply):			
New		Individual	
Renewal		Family (Complete information below)	

List additional family members who are hams and wish to receive SLSRC emails.

NAME	CALL	License Class	Email

Are you an ARRL Member? YES NO

Did your call sign change from the previous year YES NO

If YES, what was your previous call sign? _____

Signature _____ Date _____