



**BARS**  
**PO Box 1009**  
**Bolingbrook, IL 60440**



**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

City: \_\_\_\_\_ State: IL Zip Code: \_\_\_\_\_

Phone Number: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number: Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail (Primary) \_\_\_\_\_ E-Mail (Secondary) \_\_\_\_\_

License Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Volunteer Examiner:  Yes  No Accreditation Expires: \_\_\_\_\_

License Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Volunteer Examiner:  Yes  No Accreditation Expires: \_\_\_\_\_

ARRL Membership:  Yes  No? Family Member?  Yes  No If you are a ARRL, please renew through BARS. The Club will get credit for it and it will not cost you anything. Please ask our Treasurer for the form and submit with payment at our Club Meeting. Thanks from BARS!!!!

**FOR FAMILY MEMBERSHIP:**

Family Member Name: \_\_\_\_\_ Callsign: \_\_\_\_\_

**TYPE OF MEMBERSHIP** (Please check all that apply):

New

Renewal (all categories)

Regular (\$20.00)

Family (\$25.00)

Yes  No

I agree to allow my personal information to be circulated to other members of the club and appear on the BARS Web site.

Please indicate what information you wish to be published below.

---

\*\*\* Please make checks payable to the BOLINGBROOK AMATEUR RADIO SOCIETY \*\*\*  
Application and payment may be mailed to the address above or returned at a regular BARS meeting.

----- **Please Do Not Write Below This Line** -----

Date Rec'd: \_\_\_\_\_ By: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Cash/Check Number: \_\_\_\_\_