

# SANDUSKY RADIO EXPERIMENTAL LEAGUE, INC.

## ASSOCIATE MEMBERSHIP APPLICATION

(Please Print)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sponsor or Parent \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation/Job Title \_\_\_\_\_

Amateur Call \_\_\_\_\_ License Class \_\_\_\_\_

Other Radio Licenses Held \_\_\_\_\_

Other Hobbies \_\_\_\_\_

Marital Status \_\_\_\_\_ Wife's Name \_\_\_\_\_

I hereby apply for Associate Membership in the Sandusky Radio Experimental League, Inc. being between eighteen (18) and twenty-one (21) years of age or any age if a child of a current member. I agree to pay the associate member dues which shall be 25% of the current normal membership rate. I understand I will not be a key holder and will not be allowed entry to the club premises unless accompanied by a full member. I agree to abide by the regulations and by-laws of the league. I understand I must become a full member when I become twenty-one (21) in order to remain in the club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Voted In \_\_\_\_\_

Initiation Date \_\_\_\_\_

Secretary \_\_\_\_\_