

2008

P.O. Box 11363 Springfield, MO 65808



Name		Call	Date	_//20	800
				· 	
City	County	7	State	 Zip	
Home Pl	hone (Other Phone		• 	
License	Class or _	Associate n	nember (no	FCC licens	se)
	ldress		•		
Check men	nbership level below:				 _
Lit As No		r	Only for <u>1st-time</u> joining after\$ 12\$ 20\$ 10	July 1 st : 50 Single .00 Family	
Name:	Family members wh	no are licensed amat	<u>eurs</u> : Call	:	
	I would like to have my name and e Preparedness groups in Please bring or mail this application for officer. Applications must be accomplished to donate additional to the second secon	orm to a monthly me	eting and give to	o a club	
			Membe	rship #	