
Beaches Amateur Radio Society

BARS MEMBERSHIP APPLICATION

Please print this form and mail to the address below:

NAME _____

CALLSIGN _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

E-MAIL ADDRESS:

Birthday (Month/Day) _____ / _____

Spouse's name: _____

Member dues \$20.00 per person.

MAIL TO BARS TREASURER: (Make check payable to BARS)

Mike Kibler, K2KM

1236 1st Street North, Unit 402

Jacksonville Beach, FL

DATE DUES PAID _____ / _____ / _____ **Amount \$** _____