

CTRI CONTEST GROUP

MEMBER INFORMATION AND APPLICATION

NAME _____ CALLSIGN(S) _____

LICENSE CLASS _____

ADDRESS1 _____

ADDRESS2 _____

CITY _____ STATE _____ ZIPCODE _____

EMAIL _____ TEL: _____ CELL: _____

SPECIAL INTERESTS _____

ACTIVE ON FOLLOWING BANDS/MODES _____

I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING CLUB ACTIVITIES, CONTESTS AND PROJECTS:

CLUB SPONSOR _____ CALLSIGN _____

SIGNATURE OF APPLICANT _____ DATE _____

ATTN: CTRI CLUB SECRETARY:

EDWARD S HASKELL, W1PN

7 Juniper Lane

Johnston, RI 02919

Notes: _____
