

Electronic Technology Society of New Jersey Membership Application

Application Date: _____

CALL: _____ (please provide copy of license)

NAME: _____ (last/first)

ADDRESS: _____ (street)

_____ (city/state/zip)

Home Phone: (____) _____ (Please provide area codes)

Bus/Cell Phone: (____) _____

E-Mail address _____

OK to publish home phone on roster? _____ (Y/N)

ARRL member? _____

RACES member? _____

Interest in repeater operation / maintenance? _____

Other interests? _____

Other Amateur radio clubs? _____

Club Interests: _____

Sponsor _____ Sponsor Call _____ Date: _____

I certify that if elected to membership I will be bound by the provisions of the constitution and by-laws of the Electronic Technology Society of New Jersey Inc., and that I will not hold the society responsible in any way for any injuries or damages which I may incur through membership.

APPLICANT SIGNATURE _____ DATE _____

SPONSOR SIGNATURE _____

**Please make a \$30.00 (\$15.00 for students) check payable to "ETS of NJ" and mail to:
ETS of NJ c/o Victor Penetta, 62 Westgate Dr., Edison NJ 08820**

||||| -- for ETS Use Only -- |||||
License Verified (Y/N) _____ INITIALS _____ Amount Received _____
Application Accepted (Y/N) _____ DATE _____