

**American Legion Post 113 Amateur Radio Club N7LGN
P.O. Box 113 Meridian, ID 83680-0113**

Date: _____ Application: New Renewal Update Donation

Membership Type: Community Individual Community Family Legion Family Member (No Dues) *

NOTE: *Legion Family Member: American Legion, American Legion Riders, SAL, Aux (ID Number to be verified)

Member Dues: \$12	\$	Community Individual Member: Jan 1 to Dec 31 New Member joining in: Oct to Dec 31 – renewal’s at the end of the following CY
Member Dues: \$6 (under age 18)	\$	Community Individual Member - under age 18: Jan 1 to Dec 31 New Member joining in: Oct to Dec 31 – renewal’s at the end of the following CY
Family Dues: \$15	\$	Community Family Member: Jan 1 to Dec 31 New Member joining in: Oct to Dec 31 – renewal’s at the end of the following CY
Donation Amount:	\$	Non-Profit 501(c)(19). Tax deductible to the extent allowed by law.
Total Amount:	\$	NOTE: Mailing and Payable to: Listed above on letterhead or pay at Club Meeting.

IF UNDER 18 - PARENT/LEGAL GUARDIAN TO COMPLETE:

Parent/Legal Guardian of: _____

Parent/Legal Guardian Signature: _____ and Information:

Call Sign: _____ Phone: _____ Email: _____

**APPLICANT - PLEASE PRINT CLEARLY
(NOTE: Parent/Legal Guardian to complete if under age 18)**

Name: _____

Call Sign: _____ ARRL Member? _____ ARRL VE? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

NOTE: Amateur Radio N7LGN Club’s Bylaws are available upon request. Website: <https://americanlegionpost113.com>

FAMILY MEMBERSHIP: MUST RESIDE AT THE SAME ABOVE ADDRESS.

NAME	CALL SIGN	EMAIL

EMERGENCY CONTACT

Name:	Phone:	Relationship:
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APPLICANT’S COMMENTS

OFFICIAL SECTION – APPLICANT’S DO NOT COMPLETE THIS SECTION

Cash:		Check No.:	Date:
Comments:			