

SUHFARS Membership Application

Date: _____

NAME: _____

NEW MEMBER: RENEWAL:

CALL SIGN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE# _____

E-MAIL: _____

SPONSOR NAME: _____

SPONSOR CALL SIGN: _____

Membership Fees

\$30.00 - Regular Membership per year

Please mail your application, along with your check payable to SUHFARS to:

Kirby Giampa - W8DCD
25700 North Oak Court
Barrington, IL. 60010