

The Georgia Single Sideband Association

APPLICATION FOR MEMBERSHIP

As of December 22, 2010

Date application submitted: _____

Name: _____ Call sign: _____

Address: _____

City: _____ State: _____ Zip: _____

Class of license: _____ Email Address: _____

Home phone number: _____ Work phone: _____

Optional Information

On net rosters which nights: Sun Mon Tue Wed Thur Fri Sat
(not required for membership) (CIRCLE)

Your occupation: _____

Interests / Suggestions: _____

(Use back if needed)

I agree to abide by the constitution and by-laws of the Association and am in full accord with its purpose and function. Enclosed find \$3.00 annual dues (or \$2.00 for association membership). Multiples of annual dues are acceptable.

Signature: _____

Make check to: **The Georgia Single Sideband Association or "GSSA"**
PLEASE PUT YOUR CALLSIGN ON ANY DUES CHECKS

Return to: **J. Garrett Gonella, KU4SD, Secretary Treasurer, GSSA**
4759 W Creek Mill Ct.
Grovetown, GA 30813-3080

Dates: Received: _____ Card Issued _____ Filed _____ By: _____