

# The Georgia Single Sideband Association

## APPLICATION FOR MEMBERSHIP

As of November 23, 2014

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)

(Check all that apply)

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**  
**219 Roquemore Rd.**  
**Athens, GA 30607**

Dates: Received: \_\_\_\_\_ Card Issued \_\_\_\_\_ Filed \_\_\_\_\_ By: \_\_\_\_\_