

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: _____