St. Croix Valley Radio Amateurs2025 Membership Application

| NAME: | DATE: |
|---|-----------------------------------|
| ADDRESS: | |
| | |
| | CLASS: |
| HOME PHONE #: | |
| | |
| E-MAIL ADDRESS: | |
| CURRENT MEMBER: | NEW MEMBER: |
| ARRL MEMBER:YES _ | NO |
| DUES: MEMBER \$24.00 F | PER YEAR |
| | |
| CHECK NUMBER: | _ (Make checks payable to: SCVRA) |
| Membership dues are due by | 2/11/2025. |
| Please print this form and send a filled out copy & check to: | |
| RICK NELSEN KC9RYZ | |
| 1159 56 TH STREET | |
| HUDSON. WI 54016 | |