



B.A.R.K. MEMBERSHIP APPLICATION FORM

NAME _____

CALLSIGN _____

ADDRESS _____

CITY _____

ZIP _____

FAMILY MEMBERS (NAME AND CALLSIGN)

PHONE _____

EMAIL _____

Web site URL _____

Do you run:

Packet Radio _____ APRS _____

MEMBERSHIP CLASS

_____ INDIVIDUAL (\$30/YEAR)

_____ FAMILY (\$30/YEAR)

SEND APPLICATION FORM AND FEE, PAYABLE TO B.A.R.K.

B.A.R.K. c/o Doug Hollowell

795 Alwin Dr

Dixon, Ca 95620