

ATCO Membership Application

RENEWAL

NEW MEMBER

OK TO PUBLISH PHONE # IN NEWSLETTER YES NO

HOME TELEPHONE _____

NAME _____

CALL _____

INTERNET EMAIL ADDRESS _____

CITY _____

STATE _____

ZIP _____ - _____

FCC LICENSED OPERATORS IN IMMEDIATE FAMILY

COMMENTS _____

ANNUAL DUES PAYMENT OF \$10.00 ENCLOSED CHECK MONEY ORDER

Make check payable to ATCO or Bob Tournoux and mail it to:

Bob Tournoux N8NT
3569 Oarlock Court
Hilliard, OH 43026