



B.A.R.K. MEMBERSHIP APPLICATION FORM

NAME _____

CALLSIGN _____

ADDRESS _____

CITY _____

ZIP _____

FAMILY MEMBERS (NAME AND CALLSIGN)

PHONE _____

EMAIL _____

Web site URL _____

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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 ?Yb'K]gcb

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