

Member presentation form

ORP Members real name:	Α	В
Callsigns:	A	В
We requests subscri than one year:	ption of the following wishful mem	nber since I QRP members from more
Name and surname:		
Callsign:		
Address:		
E-Mail:		
Date	Sign and callsign member	· <i>A</i>
	Sign and callsign member	В
	ulation number 196/2003 for privac ata in I QRP archives.	y information I authorize I QRP Club to
This form have to	be filled, signed and mailed t	to:
Sezione ARI Mo Via I Maggio, 10 31035 Crocetta d	entebelluna lel Montello (TV) Italy	
Incomplete, wrong or ι	unreadable forms will be discarded.	
Do not fill under here! La richiesta è stata: □ Acc	cettata - □ Rifiutata - □ Manca documento	complementare #IQRP assegnato: