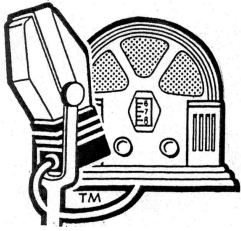


SPERDVAC Membership

You can complete this form in your PDF reader and print it, or print first and fill out by hand.



Member Information

Name: _____
Address: _____
City: _____ State: _____
Postal code: _____ Phone: _____
Email: _____

Please check here if you'd like to become active in SPERDVAC activities
Please check here if you work or have worked in radio

How did you learn about SPERDVAC?

A SPERDVAC member A friend A radio station A publication: _____

What are some of your favorite old radio programs?

Please tell us if you have any comments or suggestions about SPERDVAC or its services:

Membership: \$20.00

I'd like to make a contribution to 'Friends of SPERDVAC' in the amount of US\$ _____
in Memory of _____

Other contribution: US\$ _____

Enclose check or money order made out to "SPERDVAC" and mail it and this form to:

Post Office Box 7, Alachua, FL 32616.

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