



P.O. Box 654  
 Cumming, GA 30028

## Application for Membership

New <input type="checkbox"/> ARRL Member <input type="checkbox"/> Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: (H) _____ (Cell) _____ (W) _____ Email: _____	Renewal <input type="checkbox"/> Call: _____	<b>Treasurer use – Dues paid</b> Amount: _____ Date: ___/___/___ Cash <input type="checkbox"/> Check <input type="checkbox"/> Class: _____
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<b><u>Family Members</u></b>			ARRL
Call	Name	Class	Member
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

- Type of Application:
- Voting Member \$24
  - Additional Family Members \$5 each (Non-Voting)
  - Associate Member (Students) (Non-Voting) \$8
  - Associate Member (Non-Licensed) (Non-Voting) \$8

Dues paid: \$ \_\_\_\_\_  
 Donation: \$ \_\_\_\_\_  
**Total paid:** \$ \_\_\_\_\_

Make Checks Payable to: **SARA**