



P.O. Box 1773
 Cumming, GA 30028

Application for Membership

New <input type="checkbox"/> ARRL Member <input type="checkbox"/> Name: _____ Address: _____ City: _____ Phone: (H) _____ (Cell) _____ (W) _____ Email: _____	Renewal <input type="checkbox"/> _____ _____ _____ _____ _____	<p style="text-align: center; margin: 0;">Treasurer use – Dues paid</p> Amount: _____ Date: ___/___/___ Cash <input type="checkbox"/> Check <input type="checkbox"/> Call: _____ Class: _____
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<u>Family Members</u>			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**

Alternatively, use the "Dues Payment by PayPal" link on sawneeradio.com.