

BRAARC MEMBERSHIP

APPLICANT INFORMATION

Name:			
Call:	Class:	Phone:	
address:			
City:	State:	ZIP:	Email:
ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Newsletter: <input type="checkbox"/> US Mail <input type="checkbox"/> Website – minimizes postage and printing costs		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Call:	Class:	Email:

LICENSED CHILDREN

Name:	Call:	Class:

DUES / DONATION

<input type="checkbox"/> Member (\$25) <input type="checkbox"/> College Student(\$12.50) <input type="checkbox"/> Youth(free if oldest licensed family member<18 yrs)	\$
<input type="checkbox"/> Club Patch ____ X \$5 each - The club patch supports the repeater systems operated by the club.	\$
<input type="checkbox"/> Donation – General Fund <input type="checkbox"/> Repeater Committee Donation <input type="checkbox"/> Emergency Committee Donation	\$
Total:	\$

Membership runs from January 1 to December 31 each year. Please submit dues by the regular February club meeting to prevent accidental removal from club roster. Mail to: **BRAARC, PO Box 343, Paris, Mi 49338**