



P.O. Box 1812
Cumming, GA 30028

Application for Membership

New

Renewal

Treasurer use – Dues paid

Amount: _____ Date: ___/___/___

Cash Check

Name: _____

Call: _____ Class: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (H) _____ (Cell) _____ (W) _____

Email: _____ Birthdate: ___/___/___

Type of Application:

- Voting Member \$20
- Additional Family Member \$5 (Non-Voting)
- Associate Member (Students) (Non-Voting) \$8
- Associate Member (Non-Licensed) (Non-Voting) \$8

Are you an ARRL Member (Y/N)

Total Dues PAID: \$ _____

Make Checks Payable to : SARA