



STANISLAUS AMATEUR RADIO ASSOC. MEMBERSHIP FORM

Check One: New Member ___ Renewing Member ___ Family Member ___

NAME: _____ CALL SIGN: _____ ARRL: (Yes) (No)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE HOME: _____ CELL: _____ EMAIL: _____

ADDITIONAL FAMILY MEMBERS AT SAME ADDRESS:

NAME: _____ CALL: _____ ARRL: (Yes) (No)

NAME: _____ CALL: _____ ARRL: (Yes) (No)

SARA DUES ARE \$20.00 PER YEAR. Additional Family Members \$5.00 (Max \$10:00)

TOTAL DUES PAID: \$ _____ DATE: _____