



MEMBERSHIP APPLICATION

PLEASE FILL OUT COMPLETELY, EVEN IF NO
INFORMATION HAS CHANGED

Date: _____

New Renewal

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: _____ Cell: _____

Email: _____

Birthday: Month: _____ Day: _____ Year: _____

ARRL Member: Yes No ARES Member: Yes No

License Class: _____ Expires: _____

First Licensed: _____ Joined CARC: _____

Yearly Dues (Jan. 1 - Dec. 31) are payable by the January meeting date

Full Voting Membership: \$20.00

*Make checks payable to CARC and **pay at a meeting** or mail to:*

Roger L. Gray, W8VE
Secretary/Treasurer
Canton Amateur Radio Club
3506 21st NW
Canton, OH 44708-2318

Dues Paid: \$ _____ Check # _____ Cash: Rec Date: _____ By: _____