



MEMBERSHIP APPLICATION

FILL OUT COMPLETELY, EVEN IF NO
INFORMATION HAS CHANGED

Date: _____

New Renewal

Please Print Clearly

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: _____ Cell: _____

Email: _____

Birthday: Month: _____ Day: _____ Year: _____

ARRL Member: Yes No

ARES Member: Yes No -- Tier 1 Tier 2

License Class: _____ Expires: _____

First Licensed: _____ Joined CARC: _____

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

\$20.00 Full Voting Membership: Eligible to vote and hold any office.

\$10.00 Associate Membership: Includes, Spouse, Children, Students, and any individual having a bona-fide interest in Amateur Radio, and are not eligible to vote or to hold office, although they may serve upon any committee to which they may be appointed, as chairman or otherwise.

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

Canton Amateur Radio Club
Treasurer
P.O. Box 8673
Canton, OH 44711-8673

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