



STANISLAUS AMATEUR RADIO ASSOC. MEMBERSHIP FORM

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

NAME: _____ CALL SIGN: _____

ARRL Member: (Yes) (No)

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: Home _____, Cell: _____

EMAIL: _____

ADDITIONAL FAMILY MEMBERS AT SAME ADDRESS:

NAME: _____ CALL SIGN: _____ ARRL: {Yes} {No}

NAME: _____ CALL SIGN: _____ ARRL: {Yes} {No}

TOTAL DUES PAID: _____ Date: _____

(One year membership dues are \$30.00, Family Dues are \$45)

Note: Bring membership form to SARA Meeting or Mail to: SARA Club, P.O. Box 4601, Modesto, CA 95352-4601