

## BRAARC MEMBERSHIP

### APPLICANT INFORMATION

Name:

Call:

Class:

Phone:

address:

City:

State:

ZIP:

Email:

ARRL Member: Yes No

Newsletter: US Mail Website – minimizes postage and printing costs

### SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Call:

Class:

Email:

### LICENSED CHILDREN

Name:

Call:

Class:

### DUES / DONATION

<input type="checkbox"/> Member (\$30)	<input type="checkbox"/> College Student(\$15)	<input type="checkbox"/> Youth(free if oldest licensed family member<18 yrs)	\$
<input type="checkbox"/> Club Patch ____ X \$5 each - The club patch supports the repeater systems operated by the club.			\$
<input type="checkbox"/> Donation – General Fund	<input type="checkbox"/> Repeater Committee Donation	<input type="checkbox"/> Emergency Committee Donation	\$
<b>Total:</b>			<b>\$</b>

Membership runs from January 1 to December 31 each year. Please submit dues by the regular February club meeting to prevent accidental removal from club roster. Mail to: **BRAARC, PO Box 343, Paris, MI 49338**