

The Lake County Amateur Radio Association
Application for Membership / Renewal

Date:

Applying for : New Renewal

Renewal (Jan-Dec) dues: Full (\$20) Family* (\$30) Student (\$10) Associate (\$16)

New member: Jan-Dec (\$20) Apr-Dec (\$15) Jul-Dec (\$10) Oct-Dec (\$5)

Make checks payable to : LCARA Mail to: P.O. Box 868 Painesville, Ohio 44077-0868

Amount included: \$ Check/Money Order # **Do NOT mail Cash**

Name:

Address:

City State: Zip:

Home phone () Cell ()

E-Mail:

Call Sign License Class

ARRL Member Yes No ARES Member Yes No

* Family Membership

* Family Member Name

*Phone: ()

*E-Mail:

* Call Sign License class

ARRL Member Yes No ARES Member Yes No

Signature

***** Optional*****

Are you willing to assist with club activities ? Yes No Maybe

Interests:

Expertise:

How did you hear about us ?

Birthday (mm/dd)

-----Do Not Write Below This Line-----

Certification of Licensing: _____ Treasurer Posting: _____ Secretary Reading: _____

Membership Package: Y N I.D. Card: Y N Added to roster: Y N