

The Lake County Amateur Radio Association of Ohio
Application for Membership Renewal

Date: _____

Annual Renewal - Full Year (circle one): Full (\$30) Family (\$45) Student (\$10) Associate (\$16)

Make checks payable to : LCARA
Mail to: PO Box 1032 Painesville, Ohio 44077-1032

Amount enclosed (**Do NOT mail Cash**): \$ _____ Check/Money Order # _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: Home (____) _____ Cell (____) _____

E-Mail: _____

Call Sign _____ License Class: _____

* Family Member Name _____

*Phone: (____) _____

*E-Mail: _____

* Call Sign : _____ License class: _____

Your Signature: _____

***** Optional*****

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

Interests: _____

Expertise: _____

How did you hear about us ? _____

Birthday (month/day) _____ / _____

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

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

Membership Card: Y N Updated roster: Y N