



APPLICATION FOR MEMBERSHIP
ACADIANA AMATEUR RADIO ASSOCIATION, INC.
P.O. BOX 51174
LAFAYETTE, LA 70505
a 501(c)(3) Corporation



PLEASE PRINT AND FILL OUT COMPLETELY

NAME:		
CALL SIGN:		
LICENSE CLASS:		
BIRTHDAY (MM/DD)		
ARRL MEMBER: (Y/N)		
ADDRESS:	STREET:	
	CITY:	
	STATE:	
	ZIP:	
PHONE:	HOME:	
	CELL:	
E-MAIL ADDRESS:		
DISCOUNT TYPE:		

I hereby authorize the use of the above information in association publications.

SIGNATURE: _____ DATE: _____

MEMBERSHIP DUES \$30

Dues are due on January 1st of each year.

Please make checks payable to the Acadiana Amateur Radio Association or AARA.

Discounts:

New Amateur: FREE(for the year you become licensed)

Youth Member: FREE (Must 18 years old or younger on Jan 1st)

Family: FREE(share household with a paid member.)

Senior Discount: \$10 off (65+ years old on Jan 1st)

**** DO NOT FILL OUT INFORMATION BELOW – FOR OFFICIAL ASSOCIATION USE ONLY ****

DATE FILED:

AMOUNT PAID:

METHOD PAID:

UPDATED CLUB ROSTER:

Revised 10/05/23