

## ACADIANA AMATEUR RADIO ASSOCIATION, INC. P.O. BOX 51174

## **LAFAYETTE, LA 70503-1174**

a 501(c)(3) Corporation



Revised 11/30/20

## \*\*\*\*APPLICATION FOR MEMBERSHIP OR RENEWAL\*\*\*\* PLEASE PRINT AND FILL OUT COMPLETELY

		PLEASE PRINT	AND F	ILL OUT COMPLE	TELY	
		PRIM	ARY M	EMBER	SECONDARY MEMBER	
NAME:						
CALL SIGN:						
LICENSE CLASS:						
MEMBERSHIP CLASS:						
BIRTH DATE/MONTH: (MM/DD)						
ARRL MEMBER: (YES/NO?)						
	STREET:					
ADDRESS:	CITY:					
	STATE:					
	ZIP CODE:					
TELEPHONE:	номе:					
	CELL:					
E-MAIL ADDRESS:						
ation. This inform	formation is requested ation will help in keep e the officers to use the	ing an accurate clu	ıb roster.	PLEASE FILL IN (		
SIGNATURE:		APPLICATION DATE:				
	MI	EMBERSHIP AN	NUAL I	FEE SCHEDULE (F	REVISED)	
MEMBERSHIP CLASS  IM - INDIVIDUAL MEMBER SM - SENIOR MEMBER (65 <sup>+</sup> ) FM - FAMILY MEMBER (Spouse only) YM - YOUTH MEMBER AM - ASSOCIATE MEMBER (Non-voting) AF - ASSOCIATE FAMILY MEMBER (Non-voting) HLM - HONORARY LIFE MEMBER HM - HONORARY MEMBER (Non-voting)			\$30.00 \$20.00 N/C \$16.00 \$20.00 N/C N/C N/C	NOTES  FM must be living in same household as IM or SM.  YM must be attending school in 12 <sup>th</sup> grade or lower. First year free.  AF must be living in same household as AM.		
Dues are due on J dues will be adjust be removed from the **** D	Please make chanuary 1st of each yeard to carry though the he club roster and eman O NOT FILL OUT I	ecks payable to the ar. New member remainder of the yill list.  NFORMATION	e <u>Acadi</u> ships wi ear. If y BELOW	ll be covered under a ou have not renewed	Association or AARA.  a PRO-RATED system by quarter and initial after the March general meeting your name will  ASSOCIATION USE ONLY ****	
UPDATED MAILING LIST – DATE: UPDATED CLUB ROSTER – DATE:				DATE FILED: AMOUNT PAID:		
ADDITIONAL REMARKS:				METHOD PAID:		

PROCESSED BY: \_\_\_\_\_