

Barry Amateur Radio Association

Membership Application

Calendar Year _____

Please print.

Name: _____

Date: _____

Address: _____

County: _____

City/State: _____

ZIP: _____

Telephone number: _____

Email address: _____ Want newsletter? Yes No

Call Sign: _____ License Class: _____

Please circle one response in each row:

Are you a current ARRL member?	Yes	No
New or renewal BARA membership?	New	Renewal
Full or Associate Membership?	Full (licensed)	Associate (no license)
Individual or Family Membership?	Individual (\$10/yr)	Family (\$15/yr)

Others in family membership (spouse and/or minor children living in the same household).

Include call signs, if any; all become full BARA members if licensed.

	<u>Name</u>	<u>Call</u>	<u>ARRL Member?</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Total amount enclosed: \$ _____ [] cash [] check (# _____)

I hereby apply for BARA membership (new or renewal, as indicated above) and agree to abide by its constitution and bylaws.

SIGNATURE: _____

_____ Space below for BARA use only: _____

_____ Treasurer (paid)

_____ President (approved)

_____ Secretary (recorded)