

MEMBERSHIP APPLICATION  
FOR THE

**Small Town Amateur Radio Service  
Amateur Radio Club**

Membership Year \_\_\_\_\_  
(January –December)

\_\_\_\_New Member      \_\_\_\_Previous Member      \_\_\_\_Renewal

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Joint Family Members:

\_\_\_\_\_

ARRL Member (Y/N) \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Select Membership Dues:

- Individual Membership (\$12 annually)
- Family Membership (\$18 annually)
- Donation/Other \_\_\_\_\_

Total Dues/Other: \_\_\_\_\_

Please make checks payable to: **STARS Radio Club**

Please mail application & check to: **STARS Radio Club  
176 Billy Lane  
Jacksonville, AR 72076**