

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 (\$15 annually)
- Family Membership (\$ 20 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**