

## FORT SMITH AREA AMATEUR RADIO CLUB MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

<b>Name:</b>		Email:	
<b>Call Sign:</b>	Phone:	Cell:	ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>ZIP Code:</b>

### FAMILY MEMBERS

<b>Name:</b>		Email:	
<b>Call Sign:</b>	Phone:	Cell:	ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		Email:	
<b>Call Sign:</b>	Phone:	Cell:	ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		Email:	
<b>Call Sign:</b>	Phone:	Cell:	ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		Email:	
<b>Call Sign:</b>	Phone:	Cell:	ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		Email:	
<b>Call Sign:</b>	Phone:	Cell:	ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>		Email:	
<b>Call Sign:</b>	Phone:	Cell:	ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No

### DUES

Family Membership @ \$25.00 per family:	Qty: 1	\$25.00
Optional ARRL Membership @ \$39.00 per ARRL member:	Qty:	
Optional ARRL Senior Membership @ \$36.00 per ARRL member 65+:	Qty:	
Optional ARRL Family Membership @ \$8.00 per family member:	Qty:	
<b>Total Submitted:</b>		
Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Online with PayPal	Membership Year:	

### SIGNATURES

Signature of applicant:	Date:
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### CONFIRMATION

Signature of Officer:	Date:
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**Mail To: FSAARC Membership  
PO BOX 32  
FORT SMITH AR 72902-0032**