

# SARC Membership Application

Name \_\_\_\_\_ Callsign \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

License Expiration \_\_\_\_\_ License Class \_\_\_\_\_

Type of Membership:	_____ Individual	\$24/yr (\$2/month)
	_____ Family	\$24/yr for 1st member \$12/yr for each additional

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I, the undersigned, do hereby agree to abide by the Sullivan Amateur Radio Club Constitution and Bylaws, the Federal Communications Commission rules and regulations, and support the Sullivan Amateur Radio Club in the advancement of amateur radio and public service

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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Total Paid \_\_\_\_\_