

SARA MEMBERSHIP APPLICATION

SHREVEPORT AMATEUR RADIO ASSOCIATION
P.O. BOX 37632 SHREVEPORT, LA. 71133

Please complete this application and return it with your dues to the treasurer of the club or mail it to the above address. New members must attach a copy of their current license to this application. Annual Dues are \$20.00 for current members in good standing and \$25.00 for the first year of a new membership. Family membership renewal is \$30.00 and a new family membership is \$37.50.

Name _____ Call _____ Class **AE A G T N**

St Address _____

City _____ State _____ Zip _____

Age _____ Home Phone _____ Work Phone _____

eMail Address _____

Occupation _____ Employer _____

Marital Status **S / M** Spouse Name _____

Spouse's Call _____ Class **AE A G T N**

Children living at home with call signs:

Name _____ Call _____ Class **AE A G T N**

Name _____ Call _____ Class **AE A G T N**

NOTE: If you do not wish to have your phone number, address or eMail published in the membership roster or web site, please place “*” next to the information you wish omitted.**

OTHER AFFILIATIONS:

ARRL **Y / N** QCAW **Y / N** Other Club(s) _____

MEMBERSHIP STATEMENT

I will abide by applicable FCC rules and regulations pertaining to the Amateur Radio Service. I will abide by the Articles of Incorporation and the Bylaws of the Shreveport Amateur Radio Association (SARA). (Copies of the Articles and Bylaws are available at www.k5sar.com or from the SARA secretary.)

Signature: _____ DATE _____

FOR SARA USE ONLY

Sponsor Signature: _____ Date _____

Copy of License Received **Yes / No**

Initiation Fee (New Member Only - Single \$5.00, Family \$7.50) \$ _____

Dues (Single - \$20/Year, Family \$30/Year) \$ _____

Total Received \$ _____

Board Member _____

Approval _____