

SUSSEX AMATEUR RADIO ASSOCIATION

Give completed application to any Club Officer or Mail to:
SARA, c/o Raymond E. Deskins, Jr., 22907 Dogwood Dr., Lewes, DE. 19958

Yes, I/We wish to belong to the: Sussex Amateur Radio Association
Today's date: _____

2014

New Renewal
Full voting membership (Licensed Amateur, voting)\$20 per year \$, _____
Family Member (Same household, non voting) \$ 0 per year \$, _____
Student Member. .. (18 or under, non voting)\$10 per year \$. _____
Sponsor-A-Student Program (non voting)\$10 per year \$, _____
Associate Member (Non voting)\$10 per year \$, _____

Total Enclosed\$, _____

Please make checks payable to: SARA

Mail the check to: Raymond E. Deskins, Jr., 22907 Dogwood Dr., Lewes, DE. 19958-5222

PERSONAL INFORMATION:

Name: _____ Call Sign: _____ Class: _____
Address: _____ Home Phone: _____ Work Phone: _____
City/Town: _____ Cell Phone: _____ Pager: _____ ~
State: ~. _____ Zip Code: _____ ~ Email Address: _____

Are you a member of the ARRL? Yes/No

Additional Family member: _____ Call Sign _____

Sponsoring SARA member: _____ Call Sign: _____ Initialed: _____ ~

Operating Interests: (Check all that apply)

HF: CW SSB RTTY PACTORATV PSK31 Other:
VHF/UHF:FM PACKETEME SSTV SSB SATELLITE OTHER _____ ~

What club activities are you interested in: (Check all that apply)

Serving on a Committee / Executive Field Day Activities Fox Hunts Community Service
Emergency Communications / ARES Hamfest Computers Internet
Teaching Amateur Radio Course Volunteer Examiner Other: _____ ~

MEMBERSHIP AGREEMENT

All members, including licensed family members, are required to sign this form indicating their willingness to abide by this membership agreement:

I/WE, AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE SUSSEX AMATEUR RADIO ASSOCIATION. I/WE FURTHER AGREE TO ABIDE BY ALL FCC RULES AND PROCEDURES AS WELL AS BY THE DIRECTIONS OF THE STATION TRUSTEE AND / OR CONTROL OPERATORS DESIGNATED BY THE ASSOCIATION PERTAINING TO THE USE OF REPEATERS OR OTHER CLUB EQUIPMENT. I/WE UNDERSTAND THAT THE WS3ARA, REPEATERS ARE OPERATED FOR THE CONVENIENCE OF THE MEMBERS AND THAT THERE IS NO GUARANTEE OF THEIR AVAILABILITY AT ANY GIVEN TIME. ADDITIONALLY, I/WE UNDERSTAND THAT REPEATED AND / OR MAJOR INFRACTION OF ANY OF THE ABOVE "AGREED TO" STIPULATIONS WILL POTENTIALLY, UPON REVIEW, RESULT IN LOSS OF MEMBERSHIP IN THE ASSOCIATION AND FORFEITURE OF ANY DUES PAID.

SIGNATURE: _____ ~ DATE: _____

ADDITIONAL FAMILY MEMBER'S SIGNATURE: _____ ~ DATE: _____

ANY ADDITIONAL FAMILY MEMBERS MAY SIGN AND DATE ON THE OPPOSITE SIDE OF THIS APPLICATION.

DO NOT WRITE BELOW DOUBLE LINE. FOR OFFICIAL USE ONLY

New membership is contingent upon approval of the board.
Dues will only be refunded in the event this application is not accepted.

DATE DUES PAID: _____ AMOUNT \$ _____

RECEIVED BY: _____ ,CALL: _____