



Sussex Amateur Radio Association

Give application to any club officer or mail to:

SARA C/O Richard Long 24784 Rivers Edge Rd Millsboro DE 19966

Yes, I/we wish to belong to the Sussex Amateur Radio Association

Today's date: _____

Full membership (licensed Amateur voting) \$20.00 per year \$ _____

Family member (same household, non-voting) \$0.00 per year. _____

Student Member (18 or under, non-voting) \$10.00 per year \$ _____

Associate Member (Non-voting) \$10.00 per year \$ _____

Total enclosed \$ _____

Please make checks payable to SARA

Personal information

Name _____ Call Sign _____ Class _____

Address _____

CITY _____ State _____ Zip _____

Email address _____

Contact number (Home or Cell) _____

Are you a member of ARRL? Yes No

Additional Family Member: _____ Call Sign: _____

Additional Family Member: _____ Call Sign: _____

Sponsoring SARA Member: _____ Call Sign: _____ Initialed: _____

OVER

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

Agreement

I/we agree to abide by the constitution, by-laws and Code of Conduct of the Sussex Amateur Radio Association. I/we further agree to abide by all FCC rules and procedures as well as 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 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 infractions of any of the above "agreed to" stipulations will potentially upon review, result in loss of membership and forfeiture of dues paid.

Signature: _____

Date: _____

Additional Family member signature: _____

Date: _____

Additional Family member signature: _____

Date: _____

Membership is contingent upon board approval

Dues will only be refunded in the event this application is not accepted

For Office Use Only

Date received: _____ Amount: _____

Received by: _____ Board Approval: _____

Forwarded to Membership committee: _____

Entered in Database _____

Email address entered _____

Entered in Quickbooks _____

Membership card sent _____

Membership Letter sent _____