

SUSSEX AMATEUR RADIO ASSOCIATION

Give completed application to any Club Officer or Mail to:
SARA, c/o Rick Long, 24784 Rivers Edge Rd., Millsboro, DE 19966

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

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: Richard Long 24784 Rivers Edge Rd. Millsboro, DE 19966

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

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: _____