

# SUSSEX AMATEUR RADIO ASSOCIATION

Give completed application to any Club Officer or Mail to:  
SARA, c/o Stuart Banta 22594 Southern Pines Dr. Lewes, DE 19958-5424

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: Stuart Banta 22594 Southern Pines Dr. Lewes, DE 19958-5424

## 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: \_\_\_\_\_