

DELARA Membership Application

Name _____ Call _____ Class _____
 Spouse _____ Call _____ Class _____
 Address _____ City _____
 State _____ Zip+4 _____

Home Phone _____ Work Phone _____

Newsletter E-mailed? Yes No E-mail Address _____

ARRL Member? Yes No Date _____

Other family member licensed hams at the same address: (Non-Voting Members)

Name _____	Call _____	Class _____
Name _____	Call _____	Class _____
Name _____	Call _____	Class _____
Name _____	Call _____	Class _____
Name _____	Call _____	Class _____

Circle which committees you would prefer to serve on:

1. Membership (New & Renewal) 2. Program 3. Social 4. Field Day 5. License
 Classes 6. Special Event 7. Public Relations 8. Other _____

Dues:

Regular Member (Voting)	\$15.00 each	X <input type="checkbox"/>	= _____
Family Member or Spouse (Non-Voting)	\$2.00 each	X <input type="checkbox"/>	= _____
Associate Member (Non-Voting)	\$5.00		_____
	Optional Donation	\$	_____
	TOTAL	\$	_____

Please make check payable to DELARA & return to club treasurer, Thanks!

Ken Bird, W8SMK
 244 N. Parkway Dr.
 Delaware, OH 43015
 Questions: 740-972-3723