



CENTRAL MISSISSIPPI AMATEUR RADIO ASSOCIATION MEMBERSHIP FORM

(Please print clearly)

Print out form and mail with payment to: CMSARA, PO Box 892, Brandon, MS 39043

NAME:		CALL SIGN:	
ADDRESS:		LICENSE CLASS:	
CITY:		BIRTHDAY:	
STATE/ZIP:		PHONE #:	
EMAIL:		CELL #:	
<input type="checkbox"/> Yes, please e-mail my newsletter!			
FAMILY MEMBERS:			
NAME:	NAME:	NAME:	
CALL SIGN:	CALL SIGN:	CALL SIGN:	
BIRTHDAY:	BIRTHDAY:	BIRTHDAY:	

ARRL MEMBER: YES NO Expiration Date _____ I WOULD LIKE TO BECOME AN ARRL MEMBER

Annual Dues Worksheet: NEW MEMBER RENEWAL

REGULAR (\$20) _____

FAMILY (\$5 addl. per person) _____

OVER 65 or DISABLED (\$10) _____

ARRL Membership \$49 (New – non family) _____

ARRL Membership \$49 (Renewal) _____

CLUB DONATION _____

NOTE: DUES ARE NOT TAX DEDUCTIBLE **TOTAL \$** _____ Make checks payable to CMSARA

I AM INTERESTED IN: (Check as many as you like - This doesn't sign you up to do anything)

<input type="checkbox"/> CONTESTING	<input type="checkbox"/> FUNDRAISERS	<input type="checkbox"/> UPGRADE CLASS (taking)
<input type="checkbox"/> ELMERING	<input type="checkbox"/> HAM CLASSES (teaching)	<input type="checkbox"/> VOLUNTEER EXAMINER
<input type="checkbox"/> EMERGENCY COMM	<input type="checkbox"/> NEWSLETTER	<input type="checkbox"/> WEBSITE
<input type="checkbox"/> FIELD DAY	<input type="checkbox"/> PROGRAMS / EVENTS	<input type="checkbox"/> YOUTH
<input type="checkbox"/> FINANCIAL SUPPORT	<input type="checkbox"/> PUBLIC SERVICE EVENTS	<input type="checkbox"/> WRITING NEWSLETTER ARTICLES
<input type="checkbox"/> FOX HUNTS	<input type="checkbox"/> TECHNICAL SUPPORT	<input type="checkbox"/> OTHER (use back of form)

Do you have portable or mobile equipment you can use in emergencies? HF VHF UHF

Can you operate on alternate power (generator, battery, etc)? YES NO

How can we improve the club? Do you have ideas for new projects, know of a way we can promote amateur radio, ideas for meeting programs? We want your input! Please use the back of this form to give us your suggestions.

X _____ DATE: _____
 Please sign and date to agree to CMSARA using your image in CMSARA publicity. CMSARA is a 501(c)3 tax exempt organization. Your donation (other than dues) is tax deductible.

TO BE COMPLETED BY CMSARA OFFICER ONLY	
DUES FOR YEAR(s):	TOTAL RECEIVED \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK
CMSARA NOTES:	DATE RECEIVED: