

CARC Membership Application Form

Last Name: _____ First Name: _____ Nickname: _____

Callsign: (if any) _____ Class: (if any) _____

Street: _____ City: _____ State: _____

Email (we promise not to spam) _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Spouse: _____ (if applicable)

ARRL Member? (Y/N) _____

Membership Rates:

Single Membership.....\$ 24.00

Family Membership.....\$ 26.00 (2+ Members in same household)

Student Discounted Membership.....\$ 5.00

Please complete the above and mail along with your payment to:

Ward Kuhn, N8WK
1114 Peninsula Drive
Traverse City, MI 49686