

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

- \$24 Single Membership
(+\$2 Family Membership (same residence))
- \$5 Student Discounted Membership

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

Ward Kuhn N8WK
PO Box 987
Traverse City, MI 49685