

## CARC Membership Application Form

Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Callsign (if any): \_\_\_\_\_

Street \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ (if applicable)

ARRL Member?      Yes      No

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

**Ward Kuhn, N8WK**

**P.O. Box 987**

**Traverse City, MI 49685**

### Membership Plans

Single Membership      \$    24.00

Family Membership      \$    26.00      \*

Student Membership      \$    5.00

*\* All members live in the same household*