

OARC Membership Form



Date

Name

Last Name

Address

City

State

Phone

E-Mail address

Callsign

Class

ARRL Membership (Yes/No)

May we share your info (Yes/No)

List on club roster (Yes/No)

Membership single/family (S/F)

Amount \$

Cash or check

Please fill all fields in clear legible text. Thank you!

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Single	\$30	\$27.5	\$25	\$22.5	\$20.0	\$17.5	\$15.0	\$12.5	\$10.0	\$7.5	\$5.0	\$2.5
Family	\$40	\$36.6	\$33.2	\$29.8	\$26.4	\$23.0	\$19.6	\$16.2	\$12.8	\$9.4	\$6.0	\$2.6

Received by:

Notes: _