CNHA	Membership Form 2015/201 RC's membership year runs June 1st t	
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Addroco:		
	State:2	Zip:
	<i>N</i> ight	
Email Address:		
ARRL Membership	D ID: D requested so CNHARC can maintain its Specia	
** ARRL membership I	D requested so CNHARC can maintain its Specia	al Service Club Status
] I wish to be added to	o the CNHARC membership email li	ist.
I wish to receive The	Communicator by postal carrier ins	stead of by email.
Type of Request:	New 🗌 Renewal 🗌 Change	
Type of Membership (**	Check one only**):	
Student	\$10.00	
Individual	\$15.00	
Family	\$20.00 -> List family members below (Spo	use / Dependent)
RSM-Student	\$35.00 -> RSM Repeater Sustaining Mem	
	\$40.00 -> provide additional financial supp	
RSM-Family	\$45.00 ->	
Other	\$ → Provide additional financial sup	port for the CNHARC club repeaters
	\$10.00 -> US Mail delivery of The C	
Total	<pre>\$** Please make checks pay</pre>	
	Additional Family Members	
Name:		Class:
Name:	Call:	
	Call:	
Name:		01033.

Date Received:	Received by:
Amount:	Check Number: