

Membership Form 2016/2017

**CNHARC's membership year runs June 1st through May 31<sup>st</sup>**

Callsign: \_\_\_\_\_ License Class: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Night \_\_\_\_\_ Other \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ARRL Membership ID: \_\_\_\_\_

*I wish to be added to the CNHARC membership email list.*

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 (Spouse / Dependent)
- RSM / Student \$35.00 -> RSM Repeater Sustaining Membership is for club members who wish to
- RSM / Individual \$40.00 -> provide additional financial support for the club repeaters.
- RSM / Family \$45.00 ->

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 Other \$ \_\_\_\_\_ -> provide additional financial support for the club repeaters.  
Total \$ \_\_\_\_\_ \*\* Please make checks payable to CNHARC \*\*

**Additional Family Members**

Name: \_\_\_\_\_ Call: \_\_\_\_\_ Class: \_\_\_\_\_  
Name: \_\_\_\_\_ Call: \_\_\_\_\_ Class: \_\_\_\_\_  
Name: \_\_\_\_\_ Call: \_\_\_\_\_ Class: \_\_\_\_\_  
Name: \_\_\_\_\_ Call: \_\_\_\_\_ Class: \_\_\_\_\_

-----For use by Club Officers-----

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_