

Membership Form 2017/2018

**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: \_\_\_\_\_