

Membership Form



Date: _____

Give this completed form and payment to any SARA officer or mail to: SARA, 772 N. California St., Socorro, NM 87801. Check the appropriate boxes below.

- New Membership
 Renewal

- Individual - \$10
 Family - \$15

Name _____ Callsign _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ email address _____

ARRL Member? YES NO

ARES Member? YES NO

For family membership, list the names of additional family members.

Name _____ Callsign _____

Work Phone _____ email address _____

Name _____ Callsign _____

Work Phone _____ email address _____

Name _____ Callsign _____

Work Phone _____ email address _____

please do not write below this line

date entered _____ autodial assignment _____

membership expires _____ initial _____