

Membership Form



Date: _____

Give this completed form and payment to any SARA officer or mail to: SARA, PO Box 81, Socorro, NM 87801. Check the appropriate boxes below.

☐ New Membership
☐ Renewal

☐ Individual - \$20
☐ Family - \$30

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 _____