

Barry Amateur Radio Association - Membership Application

Calendar Year: _____

Please print.

Name: _____ Date: _____

Address: _____ County: _____

City/State: _____ ZIP: _____

Telephone: _____

Email Address: _____

Call Sign: _____ License Class: _____

Please circle one response in each row.

Are you a current ARRL member? Yes No

New BARA Membership or renewal? New Renewal

Full or Associate Membership? Full (licensed) Associate (no license)

Individual or Family Membership? Individual (\$10/yr.) Family (\$15/yr.)

Others in family membership (spouse and/or minor children living in the same household) – please list below. Include call signs, if any; all become full BARA members if licensed.

<u>NAME</u>	<u>Call Sign/Class</u>	<u>ARRL Member?</u>	<u>Email Address & phone #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make checks payable to BARA

Total amount included or enclosed: \$_____ [] Cash, or [] Check (# _____)

Share my email and phone number on a club membership roster (for club members use only) ___Yes ___No

I hereby apply for a BARA membership (new or renewal, as indicated above) and agree to abide by its Constitution and Bylaws.

SIGNATURE: _____

***** Space below for BARA use only *****

_____ Treasurer (paid) _____ President (approved) _____ Secretary (recorded)

Received: _____ Membership Card Printed []