

Mississippi Coast Amateur Radio Association Membership Information



TODAY'S DATE _____

PURPOSE	PERSONAL INFORMATION		
<input type="checkbox"/> NEW MEMBER FOR YEAR _____ <input type="checkbox"/> ANNUAL RENEWAL FOR YEAR _____ <i>Please complete this form each year to ensure you receive credit for your dues payment and help us keep our records accurate</i>	NAME _____		
	ADDRESS _____		
<input type="checkbox"/> OTHER <i>Please specify:</i>	CITY, STATE, ZIP _____		
	PERSONAL PHONE _____	WORK PHONE _____	EMAIL ADDRESS _____
	CALL SIGN _____	LICENSE CLASS _____	YES NO ARRL MEMBER <i>Please circle one</i>
			YES NO EMERGENCY POWER <i>Please circle one</i>

FAMILY MEMBERS

Please enter this information for family members who wish to join MCARA. They do not have to be licensed hams.

NAME	EMAIL ADDRESS	CALL SIGN/LICENSE CLASS	YES NO ARRL MEMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DUES (PAYABLE ANNUALLY BY JANUARY MEETING)

SELF—\$20*	\$ _____	Please make check payable to MCARA and mail to: MISSISSIPPI COAST AMATEUR RADIO ASSN PO BOX 1785 GULFPORT MS 39502-1785
* Free if you are a life member or passed your Technician license exam this calendar year		
FAMILY MEMBERS—\$10 each	\$ _____	
TOTAL DUE	\$ _____	

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INTERNAL USE

CASH	CHECK NO.	FREE	RECEIVED BY	DATE
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