

SUSSEX AMATEUR RADIO ASSOCIATION

Give completed application to any Club Officer or Mail to:
SARA, c/o Paul W. Ross, 36951 Trout Terrace South, Selbyville, DE 19975

Yes, I/We wish to belong to the: **Sussex Amateur Radio Association**

2011

Today's date: _____

New	Renewal
Full voting membership (Licensed Amateur, voting)...	\$20.. per year \$ _____
Family Member...(Same household, non voting).....	\$ 0 per year \$ _____
Student Member...(18 or under, non voting).....	\$10 per year \$ _____
Sponsor-A-Student Program (non voting).....	\$10 per year \$ _____
Associate Member (Non voting).....	\$10 per year \$ _____

Total Enclosed.....\$ _____

Please make checks payable to: SARA

Mail the check to: Paul W. Ross, 36951 Trout Terrace South, Selbyville, DE 19975

PERSONAL INFORMATION:

Name: _____ Call Sign: _____ Class: _____
Address: _____ Home Phone: _____ Work Phone: _____
City/Town: _____ Cell Phone: _____ Pager: _____
State: _____ Zip Code: _____ Email Address: _____

Are you a member of the ARRL? Yes/No

Additional Family member: _____ Call Sign: _____

Sponsoring SARA member: _____ Call Sign: _____ Initialed: _____

Operating Interests: (Check all that apply)

HF: CW SSB RTTY PACTOR ATV PSK31 Other: _____
VHF/UHF:FM PACKET EME SSTV SSB SATELLITE OTHER _____

What club activities are you interested in: (Check all that apply)

Serving on a Committee / Executive	Field Day Activities	Fox Hunts	Community Service
Emergency Communications / ARES	Hamfest	Computers	Internet
Teaching Amateur Radio Course	Volunteer Examiner	Other: _____	

MEMBERSHIP AGREEMENT

All members, including licensed family members, are required to sign this form indicating their willingness to abide by this membership agreement:

I/WE, AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE SUSSEX AMATEUR RADIO ASSOCIATION. I/WE FURTHER AGREE TO ABIDE BY ALL FCC RULES AND PROCEDURES AS WELL AS BY THE DIRECTIONS OF THE STATION TRUSTEE AND / OR CONTROL OPERATORS DESIGNATED BY THE ASSOCIATION PERTAINING TO THE USE OF REPEATERS OR OTHER CLUB EQUIPMENT. I/WE UNDERSTAND THAT THE KB3BHL REPEATERS ARE OPERATED FOR THE CONVENIENCE OF THE MEMBERS AND THAT THERE IS NO GUARANTEE OF THEIR AVAILABILITY AT ANY GIVEN TIME. ADDITIONALLY, I/WE UNDERSTAND THAT REPEATED AND / OR MAJOR INFRACTION OF ANY OF THE ABOVE "AGREED TO" STIPULATIONS WILL POTENTIALLY, UPON REVIEW, RESULT IN LOSS OF MEMBERSHIP IN THE ASSOCIATION AND FORFITURE OF ANY DUES PAID.

SIGNATURE: _____, DATE: _____

ADDITIONAL FAMILY MEMBER'S SIGNATURE: _____, DATE: _____

ANY ADDITIONAL FAMILY MEMBERS MAY SIGN AND DATE ON THE OPPOSITE SIDE OF THIS APPLICATION.

DO NOT WRITE BELOW DOUBLE LINE. FOR OFFICIAL USE ONLY.

New membership is contingent upon approval of the board.
Dues will only be refunded in the event this application is not accepted.

DATE DUES PAID: _____, AMOUNT \$ _____

RECEIVED BY: _____, CALL: _____