

## SVARA Membership Form

Information about you:

Name \_\_\_\_\_ Call \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone1 \_\_\_\_\_ Phone2 \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_

ARRL Member YES NO SVARA Member since \_\_\_\_\_

Information about your spouse:

Name \_\_\_\_\_ Call \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

Birthday \_\_\_\_\_

ARRL Member YES NO SVARA Member since \_\_\_\_\_

DUES: Please check one:

\_\_\_ Full Member \$20.00 \_\_\_ Assoc. Member \$10..00

\_\_\_ Student Member \$10.00 \_\_\_ Disable Member \$10.00

\_\_\_ Spouse \$10..00

DONATIONS: \$ \_\_\_\_\_

Send appropriate payment and personal information to the Treasurer (make all checks payable to SVARA): SVARA, c/o Tom Schmidt, 6014 Thistle Dr, Saginaw, MI 48638