

SVARA Membership Form

Information about you:

Name _____ Call _____

Address

City _____ State _____ Zip _____

Phone1 Phone2

Email Web Address

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