

## 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 \$24.00       Assoc. Member \$12.00

Senior Member \$12.00       Student Member \$12.00

Disable Member \$12.00       Spouse \$12.00

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

Send appropriate payment and personal information to the Treasurer (make all checks payable to SVARA): SVARA, c/o Judy Weirauch, 806 S. Oakley Street, Saginaw, MI 48602-2249