

MASSANUTTEN AMATEUR RADIO ASSOCIATION, Inc.
APPLICATION FOR MEMBERSHIP

Name: _____ Call: _____

Address: _____ License Class: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Occupation: _____

ARRL Member: Yes or No

By signing below, I agree to abide by the by-laws of the Corporation.

Signature of Applicant: _____

ENDORSEMENT OF TWO (2) MEMBERS IN GOOD STANDING:

Member 1 Signature and callsign: _____

Member 2 Signature and callsign: _____

Attach an application fee of \$15. If your application is successful, the fee becomes your club dues for the remainder of the current year. Give this application to the club treasurer, in person or mail to:

MARA Treasurer
P.O. Box 1882
Harrisonburg, VA 22801

Your application will be read at the first regular monthly meeting after it is received by the treasurer, and voted on for membership by secret ballot at the regular monthly meeting following its reading. An affirmative vote of 3/4ths of the members present and voting elects the applicant to membership.

Date read: _____ Date Voted: _____ Accepted? Yes or No