



MASSANUTTEN AMATEUR RADIO ASSOCIATION, INC
APPLICATION FOR MEMBERSHIP



* NAME: _____ * CALL SIGN (if licensed): _____

* ADDRESS: _____ LICENSE CLASS: _____

* CITY: _____ * STATE: _____ * ZIP: _____

PHONE NO: _____

* EMAIL ADDRESS: _____

OCCUPATION: _____

* ARRL MEMBER: YES NO

ARES MEMBER: YES NO

SKYWARN: YES NO If Yes: SKYWARN NUMBER: _____

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

* Signature of Applicant: _____

* Required information

Attach an application fee of \$15. If your application is successful, the fee becomes your club dues for the remainder of the current year. The application may be submitted online with payment by PayPal, given to the club treasurer in person, or mailed (with check for application fee) to:

MARA Treasurer
 PO Box 1882
 Harrisonburg, VA 22801

Your application will be read at the first regular meeting after received by the treasurer, and voted on for membership by secret ballot at the next monthly regular meeting following the first meeting. An affirmative vote of ¾ of the members present and voting elects the applicant to membership.

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