



<http://www.tricityara.org>

MEMBERSHIP APPLICATION

FOR FAMILIES LIVING IN SAME HOUSEHOLD OR INDIVIDUALS

PLEASE PRINT

Date: _____

Name: _____ Call _____ Class _____

Name: _____ Call _____ Class _____

Name: _____ Call _____ Class _____

Address: _____ City: _____ State: _____

ZipCode: _____ Email: _____

Phone: (_____) _____ Cell: (_____) _____

ARRL Member: Y / N

- Family Membership (\$25.00)
- Individual (\$18.00)
- Associate (\$18.00)

Make checks payable to: TriCity ARA

Mail check and application to: TriCity ARA
PO BOX 6381
Goodyear, AZ 85338