



CAREN Membership Application

Year: _____

Jan—Dec

New Member Renewal

Last Name: _____ First Name: _____ Call Sign: _____

Address: _____ City: _____ St: _____ ZIP: _____

Email: _____ Phone: (_____) _____

Joint Family Members:

Name: _____ CS: _____ Name: _____ CS: _____

Name: _____ CS: _____ Name: _____ CS: _____

Individual Membership \$20 Or Family Household Membership \$30
 Add for Phone Patch \$10 Other—such as donation: _____

Total Dues for the year: \$ _____

Make Checks Payable to: CAREN
Mail to: POBox 2893
Little Rock AR 72203-2893

Paid (Treasurer Use Only):
 Cash
 Check# _____