



CAREN Membership Application

() New Member () Renewal / ARRL Member Y N

Please fill out all information - even for renewals

Year:

Jan—Dec

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

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

Email: _____ Phone: (_____) _____

Joint Family Members:

Name: _____ Call Sign: _____ Email: _____

Name: _____ Call Sign: _____ Email: _____

() Individual Membership \$20 Or () Family Household Membership \$30

() Other—such as donation: _____

Total Dues for the year: \$ _____

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

Paid (Treasurer Use Only):

() Cash

() Check# _____