

SVARA Membership Form

Information about you:

Name _____ Call _____

Address _____

City _____ State _____ Zip _____

Phone1 _____ Phone2 _____

Email _____ Web Address _____

Birthday _____ Anniversary _____

ARRL Member YES NO SVARA Member since _____

Information about your spouse:

Name _____ Call _____

Email _____ Web Address _____

Birthday _____

ARRL Member YES NO SVARA Member since _____

DUES: Please check one:

Full Member \$12.00 Assoc. Member \$12..00

Senior Member \$12.00 Student Member \$12.00

Disable Member \$12.00 Spouse \$12..00

DONATIONS: \$ _____

Send appropriate payment and personal information to the Treasurer (make all checks payable to SVARA): SVARA, c/o Tom Schmidt, 6014 Thistle Dr, Saginaw, MI 48638