ACADIANA AMATEUR RADIO ASSOCIATION, INC.

P. O. BOX 51174

LAFAYETTE, LOUISIANA 70505-1174

W5EXI 147.04 + PL 103.5 Auto Patch **W5DDL 146.82 - Auto Patch**

**** APPLICATION FOR MEMBERSHIP OR RENEWAL ****

PLEASE PRINT: CALL CLASS D.O.B. (mm/dd) ARRL MEMBER

NAME:_____ _____ _____ ___/___ Yes □ No □

SPOUSE:_____ _____ _____ ___/___ Yes □ No □

□ **If this is a renewal, fill in below only the information that has changed.**

ADDRESS:_____ HOME PHONE:(____)____-_____

CITY:_____ STATE/ZIP:_____

Email address: _____

Club Newsletter – LARC will be posted on club web site monthly at http://www.w5ddl.org/LARC

I hereby authorize the officers to use the above information in association publications.

APPL DATE ____/____/____ Signature _____

MEMBER FEE SCHEDULE

MEMBERSHIP CLASS	MEMBER PRIVILEGES		ANNUAL FEE
MB – FULL MEMBER	LARC, REPEATER, AUTO-PATCH, VOTING	LICENSED	$20.00
RM – SENIOR MEMBER (65 +)	LARC, REPEATER, AUTO-PATCH, VOTING	LICENSED	$10.00
FM – FAMILY MEMBER (Spouse Only)*	REPEATER, AUTO-PATCH, VOTING	LICENSED	N/C
AM – ASSOCIATE MEMBER	LARC, NON-VOTING	NON-LICENSED	$10.00
AF – ASSOCIATE FAMILY MEMBER (Spouse Only)*	NON-VOTING	NON-LICENSED	N/C
YM – YOUTH MEMBER (Grades k thru 12)*	LARC, REPEATER, AUTO-PATCH, VOTING		$ 6.00
HLM – HONORARY LIFE MEMBER	LARC, REPEATER, AUTO-PATCH, VOTING	LICENSED	N/C
HM – HONORARY MEMBER	LARC, REPEATER, AUTO-PATCH, VOTING	LICENSED	N/C

***Notes:** **YM must be attending school in 12th grade or lower. First year is Free, afterwards $6.00 annually**

FM and AF must be living in same household as fully paid member to qualify. One FM and AF allowed per MB, AM and RM.

All of the above information is requested and/or required to be filled out for a variety of reasons that will benefit both you and the association. This information will help in keeping an accurate and updated club roster. PLEASE FILL IN COMPLETELY!!!

****** DO NOT FILL OUT INFORMATION BELOW – FOR OFFICIAL ASSOCIATION USE ONLY ******

___ UPDATED MAILING LIST – DATE: _____ DATE FILED: _____

___ UPDATED CLUB ROSTER – DATE: _____ AMOUNT PAID: $_____

ADDITIONAL REMARKS: _____ METHOD PAID: _____

PROCESSED BY: _____