File: APP_UNIV Rev02/09/2012 By: W8FWG

COPPER COUNTRY RADIO AMATEUR ASSOCIATON, INC.
CCRAA POB 217 DOLLAR BAY MI 49922-0217

APPLICATION FOR MEMBERSHIP OR RENEWAL FOR CALENDAR YEAR 20___

_____ New Membership _____Renewal of Membership

NAME: _____ _____ _____
(First) *(M.I.)* *(Last)*

Call Sign:_____ **License Class**:____None ____Nov ___Tech ____General ____Advanced ____ Extra

Mailing Address: _____

CITY_____**COUNTY:** _____ **STATE:** ____ **ZIP:** _____ - _____

Day Phone ( ) _____- _____ Night Phone: ( ) _____ - _____

Would you like to be on an E-Mail listing to receive club information and updates? Y N

E-Mail Address:_____ _____

BASIC MEMBERSHIP FOR 20___

$ _____ **FULL MEMBERSHIP** ($10.00/Year)

$ _____ **ASSOCIATE MEMBERSHIP** ($10.00/Year)

$_____ **FAMILY MEMBERSHIP** ($15.00/Year)

Additional family members are: (Call sign & Name please)

1) _____ 2) _____ 3) _____

$ _____Key ($1.00/Year) I have Key # _____ or ___ I want a key for the Clubhouse

$ _____ Also, please accept a contribution for: _____

Comments: _____

$ _____ **TOTAL enclosed** **____Cash** **____Check#_____** **____MO#** _____

I AGREE TO ABIDE BY THE CONSTITUTION AND RULES SET FORTH BY THE MEMBERSHIP OF CCRAA, Inc.

Signature: _____ Date: _____/____/20___

I am a member of the ARRL: ____Yes ____No

RECORDED BY: _____ Secretary _____ Treasurer