

Northwest Adventist Amateur Radio Association Membership Application

Date: _____

Name: _____ Call: _____ License Class: _____

Spouse: _____ Call: _____ License Class: _____

Child/Age: _____ Call: _____ License Class: _____

Child/Age: _____ Call: _____ License Class: _____

Child/Age: _____ Call: _____ License Class: _____

Address: _____ Phone: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Street address if above is PO Box #: _____

E-Mail Address: _____

Cell Phone number: _____

IRLP address: _____

Band(s) on which you operate: _____

Mode(s) on which you operate: _____

Special interests: _____

ARRL member: Yes [] No []

ARES/RACES member: Yes [] No []

Dues: \$15/year + \$2/additional family member-----> = \$ _____

(NAARA welcomes full-time students as members with no annual dues!)

Mail completed form (with check made out to NAARA) to: Keith Carlin

Or pay through [PayPal](https://www.paypal.com) to: naarasda@gmail.com

315 Snider Dr.

Walla Walla, WA 99362-8078