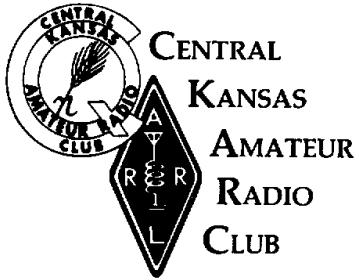


Membership Application

CKARC, Inc.
P. O. Box 2493
Salina, Kansas 67402-2493



Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: ____-____-____ email: _____

ARRL Member No.: _____ Exp. Date: _____

Birthday: ____/____ (Month & Day)

Spouse Name: _____ Call: _____

ARRL Member No.: _____ Birthday: ____/____

May we publish your Phone & Email in the CKARC Rosters? Y N
(Please circle Y for Yes or N for No)

QSP is the CKARC Newsletter, do you wish to receive the QSP
via Email or Postal Delivery? Email Postal (Circle one or the other)

While ARRL Membership is not a Requirement for membership in the CKARC, Inc. **it is highly recommended.** In order to retain "Special Service Club" status, we must remain a minimum of 51% ARRL Membership.

CKARC Dues : \$15.00/Year Family Member: \$5.00

ARRL Dues : \$39.00/Year

New Member Pro-rate Schedule

Jan.	\$15.00	May	\$10.00	Sep.	\$5.00
Feb.	\$13.75	Jun.	\$8.75	Oct.	\$3.75
Mar.	\$12.50	Jul.	\$7.50	Nov.	\$2.50
Apr.	\$11.25	Aug.	\$6.25	Dec.	\$1.25