

# Membership Renewal Form

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 ONLY)

Spouse Name: \_\_\_\_\_ Call: \_\_\_\_\_

ARRL Member No.: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_

May we publish your Phone & Email in the CKARC Rosters? Y N

Roster will **NOT** be published on the Web site (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 (Check 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

\* For additional years, or Family Membership Information, please contact the Treasurer.