

NAME: _____ CALLSIGN: _____
MAILING ADDRESS: _____ DATE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE #: () _____ E-MAIL ADDRESS: _____

FOR FAMILY MEMBERSHIP:

NAME: _____ CALLSIGN: _____
NAME: _____ CALLSIGN: _____

CHECK THE FOLLOWING WHICH APPLY:

- ARRL member
 It is alright to list my address and telephone number for distribution (only to our members).

Membership runs annually from Nov 1 thru Oct 31st.

Membership cost is \$20 for an individual, and \$30 for a family. We currently do not have any full time students, but their membership would be \$10 for an individual, and \$15 for a family.

Dues may be paid at a meeting, or a check/money order may be mailed to:

MAARS
PO Box 613
Manhattan, KS 66505