File: APP_UNIV Rev.03/28/2010 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:_____ ___None **License Class**: _____Nov ___Tech ___General ___Advanced ____Extra

Mailing Address: _____

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

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

E-Mail Address:_____ _____

NEWSLETTER: ("Landline") If you have an E-Mail address you will receive it by E-Mail. All others will receive it via USPS. Exception: Notify Newsletter Editor if you want a USPS copy.

BASIC MEMBERSHIP FOR 20___

$ _____	**FULL MEMBERSHIP**	($10.00/Year)	(Includes "Landline")
$ _____	**ASSOCIATE MEMBERSHIP**	($10.00/Year)	(Includes "Landline")
$_____	**FAMILY MEMBERSHIP**	($15.00/Year)	(Includes – ONE – "Landline")

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