

COPPER COUNTRY RADIO AMATEUR ASSOCIATION, 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: \_\_\_\_\_ License Class: \_\_\_ None \_\_\_ Nov \_\_\_ Tech \_\_\_ General \_\_\_ Advanced \_\_\_ Extra

Mailing Address: \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Night Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Would you like to be on an E-Mail listing to receive club information and updates? Y N

E-Mail Address: \_\_\_\_\_

BASIC MEMBERSHIP FOR 20__		
\$ _____	FULL MEMBERSHIP	(\$10.00/Year)
\$ _____	ASSOCIATE MEMBERSHIP	(\$10.00/Year)
\$ _____	FAMILY MEMBERSHIP	(\$15.00/Year)

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# _____
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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