## Kootenai Amateur Radio Society (KARS) MEMBERSHIP APPLICATION

{ } New Member: \$15.00 { } Re	enewal: \$15.00	{ } Family Membersh	ip: \$23.00				
Two year membership Rates: { } New Member: \$28.00 { } Ro	enewal: \$28.00	) { } Family Membersh	ip: \$42.00				
Lifetime membership: { } Member: \$150.00							
{ } Information Update Only							
Are You An ARRL Member? Yes / No (		Please Circle One)					
Callsign: Class:		Expiration:					
First Name:	M.I	Last Name:					
Nickname:							
Address1:							
Address2:							
City: PHONE NUMBER: ()		State: ZIP					
City: PHONE NUMBER: () OK to publish phone number?  EMAIL ADDRESS:	Yes / No (	State: ZIP	:				
City: PHONE NUMBER: () OK to publish phone number?  EMAIL ADDRESS: OK to publish Email address?	Yes / No (	State: ZIP  Please Circle One)  Yes / No ( Please Circle Circl	:				
City: PHONE NUMBER: () OK to publish phone number?  EMAIL ADDRESS:	Yes / No (	State: ZIP  ( Please Circle One)  Yes / No ( Please Circle Yes / No ( Please Yes	cle One)				
PHONE NUMBER: () OK to publish phone number?  EMAIL ADDRESS: OK to publish Email address?  Do you want to receive the emailed  Note: If this is a family membership, section for your family.	Yes / No (  Newsletter?  (all members wi	State: ZIP  (Please Circle One)  Yes / No ( Please Circle Yes / No ( Please Yes / No ( P	cle One)				
PHONE NUMBER: () OK to publish phone number?  EMAIL ADDRESS: OK to publish Email address?  Do you want to receive the emailed  Note: If this is a family membership, section for your family.	Yes / No (  Newsletter?  (all members wi	State: ZIP  (Please Circle One)  Yes / No ( Please Circle Yes / No ( Please	cle One) cle One) ase complete the following Class:				
PHONE NUMBER: () OK to publish phone number?  EMAIL ADDRESS: OK to publish Email address? Do you want to receive the emailed  Note: If this is a family membership, section for your family.  Name:	Yes / No (  Newsletter?  (all members wi	State: ZIP  (Please Circle One)  Yes / No ( Please Circle Y	cle One) cle One) ase complete the following  Class:  Class:				

RETURN THIS FORM WITH YOUR DUES, (CASH OR CHECK), TO THE KARS TREASURER, OR, MAIL TO: KARS MEMBERSHIP, P.O. BOX 1765, Hayden, ID. 83835-1765.

(Office use only.)

Cash:	Check #:	Money Order:	
Membership Card:	Roster:	Newsletter:	