

**LARA MEMBERSHIP APPLICATION (PLEASE PRINT or TYPE)**

THIS IS A:  NEW APPLICATION    OR     RENEWAL

NAME: \_\_\_\_\_

CALL: \_\_\_\_\_    ARRL MEMBER?  YES  NO

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address is requested to Send Monthly Newsletter (Address are never published except by permission)

E-MAIL ADDRESS \_\_\_\_\_

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~~~~~**DUES PRICES: INDIVIDUAL MEMBER:** \$15.00/YR  **INDIVIDUAL MEMBERSHIP FAMILY MEMBERSHIP:** \$15.00/YR + \$5.00/YR PER ADDITIONAL FAMILY MEMBER    \*\*A Family Member is a relative living in the residence of the Primary Individual  **FAMILY MEMBERSHIP\*\*** Membership Note: On 1 paper copy of the newsletter will sent to each family address if email is not an option.    Download or Print Member form as PDF [click here](#)