



**Cochise Amateur Radio Association (CARA)**  
P.O. Box 1855  
Sierra Vista, Arizona 85636-1855

## **APPLICATION FOR MEMBERSHIP**

DATA REQUIRED BY THE PRIVACY ACT OF 1974: Personal information requested on this form is authorized for collection by Title 10, United States Code 3012. Information furnished will be used by the Cochise Amateur Radio Association, Inc. only for amateur license verification and for publishing membership lists.

**TYPE OF APPLICATION:**      New       Renewal   
   Full       Life       Family       Assoc

**Name(s)** \_\_\_\_\_

**Call Sign(s)** \_\_\_\_\_ **Class** \_\_\_\_\_ **Expires** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/ZIP** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Business** \_\_\_\_\_

**I would prefer to receive the CARA SMOKE via:**    Email     USPS

Note: A \$10.00 Annual fee will be charged for USPS delivery of the Smoke.

**Are you an ARRL Member?**    YES     NO

**Are you a MARS Member?**    YES     NO

By signing this application I authorize the use of my personal information on club rosters and records to include the club Web site. (NOTE: Addresses and phone numbers not included in Web published rosters)

I understand that acceptance of membership is contingent upon a favorable FCC records check, to be conducted by an appointed club officer. In the event that membership is denied, based upon findings of this records check, I understand that all dues will be refunded. I will abide by FCC regulations regarding amateur radio operations and by the bylaws of the Cochise Amateur Radio Association.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**\*\*\*ANNUAL MEMBERSHIP DUES\*\*\***

FULL	\$25.00	(Full privileges)
FULL (Student)	\$20.00	(Full privileges)
FAMILY	\$35.00	(Full privileges)
LIFE	\$450.00	(Full privileges)
ASSOCIATE	\$15.00	(Non voting-cannot hold office)
ASSOCIATE (Student)	\$10.00	(Non voting – cannot hold office)
INITIATION Fee	\$10.00	Applicable to New membership only

Submit payment and application to: CARA  
ATTN: MEMBERSHIP  
PO Box 1855  
Sierra Vista, AZ 85636

**FOR CARA USE ONLY**

Dues Calculation:

Type of Membership: _____	Amount: _____
Initiation Fee (If Applicable)	_____
Smoke Distribution Fee (If Applicable)	_____
Total Amount Due:	_____

Date of Application: \_\_\_\_\_

Date and Results of FCC records review: \_\_\_\_\_

Date Membership Approved: \_\_\_\_\_

Club Official Name: \_\_\_\_\_

Club Official Signature: \_\_\_\_\_

Form revised 04 May 2008