

Contra Costa Repeater Association Membership Application

Type of Membership:

Primary Member

First Name: Last Name: Call Sign:

Home Address:

City: State: ZIP Code:

Email address: Preferred Phone Number:

Mailing Address (if different than Home):

City: State: ZIP Code:

Additional Family Members (Required for Family Membership Application only)

Family members eligible for CCRA membership are Amateur Radio Operators residing in the same household.

First Name: Last Name: Call Sign:

First Name: Last Name: Call Sign:

First Name: Last Name: Call Sign:

First Name: Last Name: Call Sign:

Honorary Member (Required for Memorial/Scholarship Membership only)

First Name: Last Name: Call Sign:

Terms and Conditions of Membership

- (I) *Your membership application will be reviewed before it is approved. During the approval process, you may be contacted by a representative of the Contra Costa Repeater Association.*
- (II) *Active members are expected to pay dues annually Single Membership costs \$20 per year, while Family Membership costs an additional \$10 per family member, up to a maximum total of \$40 per year per household. Memorial/Scholarship Membership costs \$10 per year.*
- (III) *All members are expected to abide by the Articles of Association and Bylaws of the Contra Costa Repeater Association.*

I agree to the terms and conditions set above and wish to apply for membership in the Contra Costa Repeater Association.

Signature of Primary Member:

Date: