

# Lake Erie Amateur Radio Association

## Membership Application & Renewal Form

Mail to: **LEARA, PO BOX 22823, Beachwood, OH 44122-0823**

*For more information visit: <http://www.leara.org>*

\$25 per year or \$2.25 per month through December	Check or money order payable to <b>LEARA</b> <i>Put your call sign in notes/memo field</i>
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Call sign: \_\_\_\_\_ First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Phone number (w/ Area Code): \_\_\_\_\_ May we publish your phone? Y\_\_\_\_ N\_\_\_\_

License class: \_\_\_\_\_ License expiration date: \_\_\_\_\_

LEARA membership type: \_\_\_\_\_

ARRL member? \_\_\_\_\_ ARRL membership number: \_\_\_\_\_

E-mail (opt): \_\_\_\_\_ Occupation (opt): \_\_\_\_\_

First name as desired to appear on your complimentary LEARA membership badge:

\_\_\_\_\_

I hereby certify that I hold a valid amateur license and will observe the Bylaws and Repeater Users' Guide of the Association if elected to membership.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Family members:

Licensed members of your immediate family, living at the above address, share in your membership. List them below and they will receive complimentary badges.

Name:	Call sign:

### --- OFFICE USE ONLY ---

Dues: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

Database update: \_\_\_\_\_ Welcome letter: \_\_\_\_\_

Badge ordered: \_\_\_\_\_ Badge mailed: \_\_\_\_\_

Notes: \_\_\_\_\_