

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 LEARA <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: _____