

**S.C.A.R.A. Membership Application/Renewal**

Name: \_\_\_\_\_ Call: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Telephone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

License Class: \_\_\_\_\_

Member of ARRL \_\_\_\_\_ ARES \_\_\_\_\_ RACES \_\_\_\_\_ MARS \_\_\_\_\_

Name and call of other household members who are licensed amateurs:

\_\_\_\_\_  
\_\_\_\_\_

Application: New \_\_\_\_\_ Renewal \_\_\_\_\_

Total enclosed (\$20 single, \$25 family) \$ \_\_\_\_\_

Personal Information (optional) e.g. Fields of interest, hobbies, modes of amateur radio operation:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail to: SCARA  
P.O. Box 121  
Linwood, NJ 08221

-or- Bring the completed form to one of our  
meetings and give it to our Treasurer