

## **Kankakee Area Radio Society, Inc. Membership Application Form**

or Renewal □

New □

Call Sign		License Class (check <i>one</i> )		
		Tech □	General □	Extra □
		Novice □	Tech Plus □	Advanced □
First Name:		Last Name:		
Street Address:				
City:		State:	Zip:	
Cell Phone:		Home or Other Phone:		
Email Address:				
Date of Birth (MM/DD)	First Year Licensed:		ARRL Member:	(check <i>one</i> )
Membership Type: (check one)	Individual		Family	
Regular	\$ 30.00 □		\$ 40.00 □	
Senior (65+)	\$ 15.00 □		\$ 20.00 □	
Student (full-time)	\$ 15.00 □		New Members Only	
Disabled	\$ 15.00 □		are prorated at 1/2 off	
Repeater Supporter	\$ 15.00 □		July 1 – December 31	
Family Membership Infor	mation:			
Name:	Call Sign:		DOB:	
ARRL: Y \( \Bar{\pi} \) N \( \Bar{\pi} \) Phone: _	Email:			
Name:	Call Sign:		DOB:	
ARRL: Y 🗆 N 🗆 Phone: _		Email:		
New members are subject to enclose a check payable to Or bring the completed for	"KARS" to: >	>>>>>>	>>>	leted form ar

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_