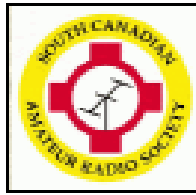


Callsign: _____



Date: _____

SCARS
P.O. Box 720993
Norman, OK 73070-4769

Name: _____
(LAST)

(FIRST)

Address: _____
(Street #) (Street Name) (Apt. #)

(City)

(State)

(Zip Code)

Email: _____ @ _____

<p><u>PLEASE SELECT MEMBERSHIP TYPE</u> (Please Make Checks Payable to SCARS)</p> <p><input type="checkbox"/> One Individual Membership \$25.00 / Year</p> <p><input type="checkbox"/> One Family Membership \$26.00 / Year</p>	<p><u>ARRL Member?</u></p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
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ADDITIONAL FAMILY MEMBERS (IF APPLICABLE)

Name / Callsign (if applicable) Email Address (if different) Phone # (if different)

(PLEASE USE BACK FOR ADDITIONAL FAMILY MEMBERS)

Note: All memberships expire at the end of each calendar year. New members joining mid-year will have dues prorated at \$2.00 / month for the remainder of the year they join.

ARE YOU INTERESTED IN ANY OF THE FOLLOWING? (PLEASE CHECK ANY WHICH APPLY)

<input type="checkbox"/>	Amateur Radio Emergency Services (ARES)
<input type="checkbox"/>	SkyWarn (Requires National Weather Service Training)
<input type="checkbox"/>	Volunteer Functions (Field Day; 89'r Day; Etc)

FOR ADMINISTRATIVE USE ONLY

	2007	2008	2009	2010
Cash				
Check				
Amount				