



Cascades Amateur Radio Society Application / Renewal

Call: _____ License class: _____ Exp. Date: _____
Full member: ____ Associate: ____ Family*: ____ Renewal: ____

Name, Last: _____ First: _____

Street Address: _____

City: _____ State / Prov: _____ Zip: _____

Phone: () _____ Mobile Phone: () _____

E-mail: _____

*Separate membership application must be filled out for each family member.

First year licensed if known: _____

Previous calls held: _____

ARRL Member: Y____ N____ if yes Expiration: _____

Signature: _____

Date: _____

Dues Collected: Y____ N____ By _____

**Check for Dues payable to "CARS".
Mail to: CARS, Inc. P.O. Box 512, Jackson, MI 49204-0512
Or give this form and Dues to any Club officer.**