

# CCAFMA APPLICATION FOR MEMBERSHIP

## *Chautauqua County Amateur FM Association*

Memberships subject to approval.

DATE \_\_\_\_\_ NAME \_\_\_\_\_ CALL SIGN \_\_\_\_\_ ARRL MEMBER? \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### MEMBERSHIP (check one)

DUES PRO-RATED FOR NEW MEMBERS WITH LICENSE: \_\_\_\_\_

Feb/Mar/Apr-\$20;

May/Jun/Jul-\$15;

Aug/Sep/Oct-\$10;

Nov/Dec/Jan-\$5

REGULAR \$20 \_\_\_\_\_

FAMILY\* \$21 \_\_\_\_\_

SUSTAINING \$35 & UP \_\_\_\_\_

ASSOCIATE\*\* \$10 \_\_\_\_\_

STUDENT\*\*\* (free) \_\_\_\_\_

ACTIVE MILITARY (Free) \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

\* Persons living in the same household

\*\* Principal residence 30 miles or more from Jamestown, non-voting member

\*\*\* May be asked to prove full time status

Make check payable to: CCAFMA

Mail to: CCAFMA, Box 81, Jamestown, NY 14702 or bring to meeting.

Updated 4/27/2022