SCARA P.O. BOX 121 LINWOOD NJ 08221-0121

AFFILIATED WITH THE AMERICAN RADIO RELAY LEAGUE

SOUTHERN COUNTIES AMATEUR RADIO ASSOCIATION INC

MEMBERSHIP APPLICATION/ RENEWAL

Name:						
e-mail:			phone: (phone: (optional)		
Address:						
City: Amateur call sign:			State:	zip code:		
Amateur call sign:		class	license:			
No. of years licensed	(optional):					
Other amateur and re						
			(clubs	, AMSAT, RACE	S, ARRL, etc.)	
Brief description of ye	our amateur	activities: (optional)			
			(contes	ts, CW, VHF, DX	, DSTAR, etc.)	
Occupation (brief): (c	ptional)					
I am applying for: () full membership () associate members other member at () youth membership () complimentary rule () New membership Dues: Full and Associate Family Youth Complimentary: Free the year at pro-rated if eligible).	pership (unlice hip (addition t same resident nip (under a nembership p: Jan-Mar \$20 \$5 \$10 e for one year	censed person stal person stal person stalled by the stalled by th	Jul-Sep \$10 \$2.50 \$5 newable upon	old) Name and/o urs only) Oct-Dec \$5 \$1.25 \$2.50 n expiration for th	or callsign of	
() Renewal: All due each year at Jan-Ma membership for one If accepted as a men	r rate stated year from conber of SCA	l above. Pay urrent expira .RA, I agree	yment of this ation date, reto abide by	amount will exte	nd n paid.	
in the Constitution ar Signature:	id By-Laws	and those c	of the FCC.	date:		