



MEMBERSHIP FORM

Call Sign: _____

Name: _____

Address: _____

City/ State/ Zip: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____ **License Class:** _____

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***Following information to be completed by Treasurer***

**Date Membership Paid:** \_\_\_\_\_

**Membership paid by:** Cash / Check [circle one] **Check number:** \_\_\_\_\_

**Membership type:** Single / Family [circle one]

**Dues:** \$30.00 for Single membership & \$45.00 for Family membership.  
\$10.00 first year membership for newly licensed hams.



Return this form along with your remittance to:

Sioux Empire Amateur Radio Club, Inc.

P.O. Box 91

Sioux Falls, SD 57101-0091