

MASSANUTTEN AMATEUR RADIO ASSOCIATION, Inc.  
**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ Call: \_\_\_\_\_

Address: \_\_\_\_\_ License Class: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

ARRL Member: Yes or No

*By signing below, I agree to abide by the by-laws of the Corporation.*

Signature of Applicant: \_\_\_\_\_

**ENDORSEMENT OF TWO (2) MEMBERS IN GOOD STANDING:**

Member 1 Signature and callsign: \_\_\_\_\_

Member 2 Signature and callsign: \_\_\_\_\_

Attach an application fee of \$12. If your application is successful, the fee becomes your club dues for the remainder of the current year. Give this application to the club treasurer, in person or mail to:

MARA Treasurer  
P.O. Box 1882  
Harrisonburg, VA 22801

Your application will be read at the first regular monthly meeting after it is received by the treasurer, and voted on for membership by secret ballot at the regular monthly meeting following its reading. An affirmative vote of 3/4ths of the members present and voting elects the applicant to membership.

Date read: \_\_\_\_\_ Date Voted: \_\_\_\_\_ Accepted? Yes or No