



**CCAFMA PO BOX 96 GREENHURST, NY 14742**

**APPLICATION FOR MEMBERSHIP** (Subject to Approval)

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

**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\* \_\_\_ SUSTAINING \$35 & UP \_\_\_ ASSOCIATE\*\* \$10 \_\_\_  
STUDENT\*\*\* (free) \_\_\_ ACTIVE MILITARY (Free) \_\_\_ BRANCH OF SERVICE \_\_\_\_\_

- \* Persons (spouse, partner, children), living in the same household pay \$1 additional for family membership.
- \*\* Principal residence 30 miles or more from Jamestown, non-voting member
- \*\*\* May be asked to prove full time status

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_

Make check payable to CCAFMA. Mail to: CCAFMA, Box 96, Greenhurst, NY 14742 or bring to meeting.

Updated 3/7/2024



**CCAFMA PO BOX 96 GREENHURST, NY 14742**

**APPLICATION FOR MEMBERSHIP** (Subject to Approval)

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

**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\* \_\_\_ SUSTAINING \$35 & UP \_\_\_ ASSOCIATE\*\* \$10 \_\_\_  
STUDENT\*\*\* (free) \_\_\_ ACTIVE MILITARY (Free) \_\_\_ BRANCH OF SERVICE \_\_\_\_\_

- \* Persons (spouse, partner, children), living in the same household pay \$1 additional for family membership.
- \*\* Principal residence 30 miles or more from Jamestown, non-voting member
- \*\*\* May be asked to prove full time status

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_

Make check payable to CCAFMA. Mail to: CCAFMA, Box 96, Greenhurst, NY 14742 or bring to meeting.

Updated 3/7/2024