



***Cascades Amateur Radio Society Application / Renewal***

Call: \_\_\_\_\_ License class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Full member: \_\_\_ Associate: \_\_\_ Family\*: \_\_\_ Renewal: \_\_\_

Name, Last: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Separate membership application must be filled out for each family member.

First year licensed if known: \_\_\_\_\_

Previous calls held: \_\_\_\_\_

ARRL Member: Y\_\_\_ N\_\_\_ if yes Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dues Collected: Y\_\_\_ N\_\_\_ By \_\_\_\_\_

**Mail to: CARS, Inc. P.O. Box 512, Jackson, MI 49204-0512  
Or this form may be given to any Club officer.**