

**Buffalo Amateur Radio Repeater Association**

Post Office Box 507  
North Tonawanda, NY 14120-0507

**MEMBERSHIP APPLICATION**

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

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Can we print your phone # in the club roster? YES NO

I wish to receive the newsletter in PDF format by e-mail attachment YES NO

\*\* Note: If you wish to receive a paper newsletter by US Mail, please add \$4.00 to your dues.

I hereby make application for membership to the Buffalo Amateur Radio Repeater Association and agree to abide by the By-Laws, Rules and Regulations set forth by the FCC and this Association and shall to the best of my ability work towards the advancement of Amateur Radio and the goals set forth by the Buffalo Amateur Radio Repeater Association.

Your Signature \_\_\_\_\_

Recommended by \_\_\_\_\_

BARRA dues structure: Initial Application \$25.00 (US Funds. Please deduct \$5.00 for each item below that applies)

- Senior Citizen (Age 65+)
- Disabled Member
- Full-time student with ID

ADD:  Newsletter by US Mail 4.00

Total enclosed dues, less any of the above (if applicable) \$ \_\_\_\_\_

Applications are voted upon once a month at our Board meetings. You will be advised of your status by the Membership Chairman.

Are you a member of any other Amateur group? If so, which ones? \_\_\_\_\_

Are you a ham? \_\_\_\_\_ When did you become a ham? \_\_\_\_\_

License Class \_\_\_\_\_ What bands/modes do you operate? \_\_\_\_\_

Member of ARES \_\_\_\_\_ RACES \_\_\_\_\_ ARRL \_\_\_\_\_

Other hobbies and interests \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Name wanted on your name tag (first name, one only, please) \_\_\_\_\_

Why do you want to become a member of BARRA?

\_\_\_\_\_  
\_\_\_\_\_