



# Membership Application

*Southern Indiana  
Amateur Radio Association*

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

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please add me to the SIARA email list.

I do not wish to subscribe to the SIARA email list.

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If you're an ARRL (Amateur Radio Relay League) member, let us know! SIARA is an ARRL-affiliated club, and to help keep our affiliation, we need to know what percentage of our members are ARRL members. (Not a member of ARRL? You can join by visiting <http://www.arrl.org/membership>)

Yes, I am an ARRL member.

No, I am not an ARRL member.

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By signing this membership form, you agree to abide by the constitution and bylaws of the Southern Indiana Amateur Radio Association.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*