



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

For Family memberships, a separate form is requested for each family member.

Call: _____ License class: _____ Exp. Date: _____

Desired CARS Membership level: _____

ARRL Member: Y ____ N ____ Expiration: _____

Name, Last: _____ First: _____

Mailing Address: _____

City: _____ State / Prov: _____ Zip: _____

Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

E-mail: _____

Signature: _____

Date: _____

Payment method: ____ Cash ____ Check** ____ CC
To pay with CC see payment form on web site.

**** Make Check payable to: CARS**

Mail to: CARS, Inc. P.O. Box 512, Jackson, MI 49204-0512

Payment received: Y N Processed on: _____ By: _____