

Dues structure: \$30 club membership with Full privileges  
and an additional \$2 for other family members living in the same household.

Central Louisiana Amateur Radio Club  
P.O. Box 8852  
Alexandria La. 71306

Name \_\_\_\_\_

Call \_\_\_\_\_

License Class \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Information:

- Name \_\_\_\_\_
- Home Phone \_\_\_\_\_ Cell \_\_\_\_\_
- Address if different from yours \_\_\_\_\_  
\_\_\_\_\_

Additional Members:

1st Name \_\_\_\_\_ Call \_\_\_\_\_

2nd Name \_\_\_\_\_ Call \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_