



Application for New or Renewal Membership

P.O. Box 3494 Springfield, MA 01101

Today's Date: _____

Name: _____ Call Sign: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number(s): _____

Please list additional family members. If you need more space, continue on back side.

Name	Call Sign	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dues:

- \$20 New Membership
- \$17 Renewal before Expiration (Memberships expire on March 31 each year)
- \$20 Late Renewal
- \$15 Handicapped Individual
- \$15 Senior Member (must be 65 or older)
- \$12 Student Member (must be 18 or younger and in school)
- \$10 2nd person in household
- \$5 3rd person in household
- \$250 Lifetime Membership
- \$125 2nd Lifetime membership in household

Membership Enclosed: \$ _____ Club Donation: \$ _____ Total: \$ _____

Please make checks payable to: MTARA
Return to: MTARA P.O. Box 3494 Springfield, MA 01101-3494