



MEMBERSHIP APPLICATION / RENEWAL

Date: _____ Call: _____

Name: _____

Address:

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Are you a member of RAC?: _____ **Membership #** _____

New Renewal

Membership Fees

Annual Membership Dues - \$20.00	\$ _____
Additional Family Members - \$10.00 each (At same address)	\$ _____
SARA Name Badge - \$10.00 (Optional)	\$ _____
Donation (with thanks)	\$ _____
Total Remitted	\$ _____

Name on badge (if different from above) _____

Family member's names and call signs for badge info: _____

Please indicate any special interests you may have or any way you feel the operation of SARA can be improved: