



USECA MEMBERSHIP APPLICATION

Date: _____ Membership: **New** \$20 **Renew** \$20 **Family** \$30

Call _____ Name (Print) _____

Street Address _____

City _____ State _____ Zip _____

Telephone # () _____ **DO NOT** print my phone number in roster

Email: (Print Clearly) _____

Member: **ARRL** **RACES**

For Family Membership Only:

Call _____ Class _____ Call _____ Class _____

Name _____ Name _____

Member: **ARRL** **RACES** Member: **ARRL** **RACES**

New Member applications may be mailed to the below address or brought to one of our monthly membership meetings
USECA, P.O. Box 46331 Make check payable to: USECA Membership dues may also be paid online at
Mt. Clemens, MI 48046 Allow 4-6 weeks for processing <https://www.usecaarc.org/store>

USECA reserves the right to accept or reject New or Renewal Memberships