APPLICATION FOR CLARA ASSOCIATE

(Associate dues are \$35 per year)



NOTE: One fee for an Associate allows the same operating privileges for all license family members residing at the same address as the Associate. (Their licenses must be included with the application.) You must have a valid Amateur Radio License to become a CLARA Associate.

Name	Callsign	Nickname	Bi	rthday	
Family Ham(s)	Callsign	Relationship	Bi	Birthday	
Other Family Hams in Household					
Address City _			State	Zip	
Phone No. Home (required))Cell/Wk		Occupation		
Keep address and phone no. confidenti	al? Yes No	(Officers will and Cor	nmittees may ha	ave info.)	
Email Address					
License Class Tech General	Extra	Date Expires	Prior Call (if any)		
List other Ham Affiliations: A.R.R.L.,	R.A.C.E.S., other Cl	ubs			
List references with phone nos. and Ca	llsigns, if applicable)	1			
2	3		4.		
What is your purpose in wanting to join	n CLARA?				
By signing this application, you agree t	o:				
1. Allow your references and oth	er data to be checked				
2. Supply additional information					
3. Keep CLARA notified of you	· 1	Ũ	Callsign.		
4. Abide by decisions made by n5. Conform to and abide by the 0	• •		ating practices		
 Operate within the Part 97 F.C 			aning practices.		
PLEASE INCLUDE \$35 AND	COPIES OF AN	IATEUR LICENSE((S)		
Do you wish to be put on the waiting li			. ,		
(PLEASE NOTE: You must be an Ass	sociate for a 6 month	review period, during that	time you must		
Attend 2 out of the last 3 breakfast mee	0	00	-		
Updated application may be required a	•	-	• •	ed.	
Membership requires a vote of approva	•		year.		
Members are also required to pay a one		\$60.			
All Supplied information is true and co	rrect.				
		Date			

SIGNATURE

For more info, mail your request to the CLARA Secretary, with a self-address stamped envelope to:

CLARA, P.O. Box 7675, Huntington Beach CA 92615

Rev.Mar2019