



Membership Form

This membership form will be used to update the SRCHA Membership Database. We then use this information for tracking membership dues and newsletter/event mailings. Name, Radio frequencies and AMA Number will be posted on the clubs website.

AMA Number: [Required] _____ Date: _____

Name: [Required] _____

Address: [Required] _____

City/State/Zip: [Required] _____

Mailing Address: Same as Above Other _____

Phone: Home: [Required] _____ Work: [Optional] _____

E-Mail Address: [Required] _____

Radio Frequencies Used: [Required] _____

Types of Membership: Single Membership Family Membership

Note: Membership Fee Prorate Date: If paying after September 30th: Single Member Fee: \$15.00 Family Fee: \$30.00 Annual dues cover membership for one calendar year, March 31st to March 31st.

For a Family Membership please include the name of the other family members and their AMA membership numbers below:

Name: _____ AMA #: _____

Name: _____ AMA #: _____

Please make check or money order to: SRCHA Membership

**Please send check or money order to: Alan Moulton (SRCHA)
9511 E Narajna Ave.
Mesa, AZ 85209**

Single Membership Fee: (\$25.00) If paying after September 30th (\$15.00) = _____

Family Membership Fee: (\$50.00) If paying after September 30th (\$30.00) = _____

Initiation Fee: \$25.00).....= _____

Total Enclosed = _____

In Case of Emergency Please Notify:

Name: _____ Relationship _____

Address: _____

City/State/Zip: _____

Phone: Home: _____ Work: _____