

Professional Affiliation
Membership Application



Name: _____ Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Country, if not USA or Canada: _____ Phone: _____

Email: _____ Radio Callsign: _____

Please Select Membership Classification
Enclose Check or Money Order for Dues Payment
Amounts are in U.S. Dollars

Student / Retired / Volunteer
\$20.00 per year

Professional
\$35.00 per year
Please contact us for corporate membership

Sponsor Level Membership
\$100.00 per year

Nonprofit / Governmental Office
\$50.00 per year

Gold Sponsor
\$250.00

Individual Lifetime
\$450.00 One Time

Foreign currency and drafts are credited at commercial exchange rates. All checks must be payable through a U.S. bank.

You are welcome to pay multiple years in advance.

Join online with any major charge card at www.dera.org

or mail this application with check or money order to

DERA Membership
P.O. Box 797
Longmont, CO 80502-0797
USA

Please tell us if a member referred you so we can thank them: _____