



MEMBERSHIP APPLICATION

NEW MEMBER RENEWAL

Amateur Call Sign _____ License Class Novice Technician General Advanced Extra
Name _____
Address _____
City _____ State _____ Zip _____ - _____
Email address _____
Home Telephone _____ Work Telephone _____
Cell Telephone _____ Date of Birth ____ / ____ / ____ (mm/dd/yy)
ARRL Member Yes No Life
Interests _____

I prefer to receive the WCARS newsletter by: US Mail Email (please check only one)

Type of Membership Optional Contributions

Individual \$25.00 annually Repeater Fund \$ _____
Student \$15.00 annually
Senior \$15.00 annually (over age 65)
Family ** \$35.00 annually
** Available for family members residing at the same address

Additional Family Members **

Name _____ Date of Birth ____ / ____ / ____ (mm/dd/yy)
License Class Technician General Extra ARRL Member Yes No Life
Interests _____

Name: _____ Date of Birth ____ / ____ / ____ (mm/dd/yy)
License Class Technician General Extra ARRL Member Yes No Life
Interests _____

I agree to abide by the By-Laws of the White County Amateur Radio Society and understand that membership is subject to the approval of the Club.

Applicant Signature _____ Date ____ / ____ / ____

WCARS USE ONLY

Date App Rcvd ____ / ____ / ____

Pmt Rcvd ____ / ____ / ____
Payment Amt \$ _____

Mem Appr ____ / ____ / ____

Database ____ / ____ / ____