



WCARS MEMBERSHIP APPLICATION

NEW MEMBER RENEWAL , (circle one)

Amateur Call Sign _____

License Class (circle one) 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 _____

Receive the WCARS newsletter by: US Mail Email (Not yet available)

Type of Membership Optional Contributions

Individual \$25.00 annually _____ Repeater Fund Donation \$ (not required) _____

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 ____ / ____ / ____