

WCARS MEMBERSHIP INFORMATION SHEET

___ Full \$20 ___ Family \$30 ___ Student \$5

All information is requested to assist the officers and committee chairpersons in planning activities, programs and community service communications needs. If you so request by checking the appropriate space, the information in Section 1 will also be kept confidential and your call and/or e-mail will not appear in the WCARS roster when published. Article VI of the clubs By-Laws prescribes pro-rated Dues: = Annual dues amount divided by 12, multiplied by the number of months remaining in the year.

I. PERSONAL INFORMATION:

NAME: _____ CALL: _____
MAILING ADDRESS: _____
STREET ADDRESS: _____ HOME PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ All Smoke Test's now via e-mail
CHECK FOR NON-PUBLICATION OF CALL ___ OR EMAIL ___ ARRL Member? Yes () No ()

II. LICENSE AND OCCUPATIONAL INFORMATION

CLASS OF CURRENT LICENSE (CHECK ONE): ___ TECH ___ GENERAL ___ ADVANCED ___ EXTRA
YEAR OBTAINED _____ YEAR FIRST LICENSED _____
PREVIOUS CALLS HELD: _____
EMPLOYER: _____ WORK PHONE: _____
OCCUPATION: _____

III. COMMUNICATION CAPABILITIES

P-PORTABLE M-MOBILE F-FIXED
___ 160 ___ 80 ___ 40 ___ 20 ___ 15 ___ 10 ___ 6 ___ 2 ___ 220 ___ 440 ___ PACKET/DIGITAL
OTHER: _____
I PREFER: ___ CW ___ FM ___ OSCAR ___ PACKET ___ RTTY ___ SSB
POWER OUTPUT: HF BANDS: _____ WATTS VHF BANDS: _____ WATTS
EMERGENCY POWER AVAILABLE: ___ BATTERY ___ GENERATOR ___ SOLAR

IV. I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING:

___ ACTIVITIES SUPPORT TEAM	___ PROGRAM COMMITTEE
___ EDUCATIONAL COMMITTEE	___ PUBLIC SERVICE COMM.
___ ELMER PROGRAM	___ RFI / TVI PROGRAM
___ EMERGENCY COMMUNICATIONS	___ SMOKETEST ARTICLES
___ FIELD DAY TEAM	___ SPECIAL EVENTS
___ HAMFEST COMMITTEES	___ VE PROGRAM
___ MEMBER ASSISTANCE COMMITTEE	___ MEMBERSHIP COMMITTEE

OTHER _____

DATE ____/____/____

Received From: _____
(Member/Sponsor Name)

Membership dues for the year: _____ AMOUNT: \$ _____

RECEIVED BY: _____, _____, _____
(Officer's Name) (Title) (Call Sign)