

# 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: \_\_\_\_\_ Smoke Test Via e-mail Yes ( ) No ( )  
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)