

WCARS MEMBERSHIP FORM



Please complete the information below and return with your membership dues.

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

NAME: _____

CALL: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

ARRL MEMBER? YES() NO ()

HOME PHONE: _____ CELL _____

CHECK FOR NON-PUBLICATION _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL _____ Smoketest Via email Yes() No ()

CLASS OF CURRENT LICENSE (CHECK ONE)

___ NOVICE ___ TECH-NC ___ TECH-PLUS ___ GENERAL ___ ADVANCED ___
EXTRA

YEAR OBTAINED _____ YEAR FIRST LICENSED _____

PREVIOUS CALLS HELD: _____

EMPLOYER: _____

WORK PHONE: _____

OCCUPATION: _____

DATE DUES PAID ___/___/___ AMOUNT: \$ _____

RECEIVED BY: _____

Mail to: WCARS, PO Box 1488, Asheville, NC 28802-1488