

APPLICATION FOR ASSOCIATE MEMBERSHIP
Wayne County Amateur Radio Club
(2018)

Name: _____
Address: _____ **P.O.B.:** _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: () _____ - _____ **Cell Phone:** () _____ - _____
Email Address: *(Print Clearly)* _____

XYL of an Amateur Radio Operator: **Yes** **No** *(Circle One)*
If yes, their Name & Call Sign: _____

Reason for wanting to be an Associate Member: *(Briefly Explain)*

Committee Interest: **Yes** **No** *(Circle One)*

I hereby acknowledge that I am a Non-Licensed Amateur Radio Operator and by being an Associated Member of the Wayne County Amateur Radio Club , I will abide by its Constitution and By-Laws.

Signed: _____ **Date:** _____

Referenced by: _____ **Accepted by:** _____
(President)

DUES: \$ 15.00 per year, payable with the application and at the first meeting of the year in years to follow. Please make checks payable to: WCARC and mail to:
Wayne County Amateur Radio Club, P. O. Box 125, Waymart, Pa. 18472-0125

Paid: **Date:** _____ **Cash:** _____ **Check#** _____
Received by: _____
(Treasurer)