**APPLICATION FOR ASSOCIATE MEMBERSHIP**

***Wayne County Amateur Radio Club***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O.Box:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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)***

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**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)***