

**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)* _____

Related to 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: \$ 10.00 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)