



West Allis Radio Amateur Club, Inc. MEMBERSHIP APPLICATION

Name	Call	Handle
Address		
City	State	Zip
Phone	Email Address	
Spouse's Name	Wedding Ann.	Birthday
License Class	Expiration	Licensed Since
Membership In	<input type="checkbox"/> ARRL	<input type="checkbox"/> Amsat
		<input type="checkbox"/> Other
Operational Station	<input type="checkbox"/> Fixed	<input type="checkbox"/> Mobile
		Bands:
Would You Be Willing To Serve	<input type="checkbox"/> On A Committee?	<input type="checkbox"/> As An Officer?
Club Activities You Would Like To Participate In		
<input type="checkbox"/> Field Day	<input type="checkbox"/> Programs	<input type="checkbox"/> Swapfest
<input type="checkbox"/> Elmer	<input type="checkbox"/> Sunshine	<input type="checkbox"/> Education
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Scholarship	<input type="checkbox"/> QSO Party
		<input type="checkbox"/> Hamtrix
		<input type="checkbox"/> Community Service

Class Of Membership:	<input type="checkbox"/> Full	<input type="checkbox"/> Associate	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Dues Paid:	<input type="checkbox"/> Full \$15.00	<input type="checkbox"/> Associate \$10.00		
	<input type="checkbox"/> Family \$18.00	<input type="checkbox"/> Student \$10.00		
	<input type="checkbox"/> Retired \$10.00			

I hereby apply for membership in the West Allis Radio Amateur Club, Inc. in the membership class indicated above. I agree to abide by the Constitution and By-Laws of the club and any rules or conditions that may be set forth in accordance with the Constitution and By-Laws.

Applicant	Date
Secretary	Date
Treasurer	Date
Accepted for Membership	Date

Meetings on the 2nd Tuesday of the month at:
New Berlin Community Center
14750 W Cleveland Avenue

Bring your completed application to a club meeting or mail with dues payment to this address:
West Allis Radio Amateur Club, Inc.
P. O. Box 511381
New Berlin, WI 53151-1381