

WASHINGTON COUNTY AMATEUR RADIO CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

<u>NAME:</u>		<u>DATE OF BIRTH:</u>
<u>ADDRESS:</u>		
<u>CITY:</u>	<u>STATE:</u>	<u>ZIP:</u>
<u>CALLSIGN:</u>	<u>E-MAIL:</u>	<u>PHONE:</u>

MEMBERSHIP TYPE

Full
 Family
 Associate
 Advisor

SPOUSE (IF FAMILY MEMBERSHIP)

<u>NAME:</u>		<u>DATE OF BIRTH:</u>
<u>CALLSIGN:</u>	<u>E-MAIL:</u>	<u>PHONE:</u>

CHILDREN (IF FAMILY MEMBERSHIP)

<u>NAME/CALLSIGN:</u>	<u>NAME/CALLSIGN:</u>
<u>NAME/CALLSIGN:</u>	<u>NAME/CALLSIGN:</u>

SIGNATURE

<u>APPLICANT:</u>	<u>DATE:</u>
<u>SPOUSE (IF FAMILY MEMBERSHIP):</u>	<u>DATE:</u>