

# APPLICATION FOR MEMBERSHIP



PLEASE PRINT

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday (Month/Day/Year): \_\_\_\_\_

\* FL Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Mobile Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Are you licensed? Yes / No Class \_\_\_\_\_ Call Sign \_\_\_\_\_ Year Licensed: \_\_\_\_\_

Member of: ARRL? Yes / No ARES? Yes / No CERT? Yes / No MARS? Yes/No

What interests you most in Amateur Radio: CW, DX, Contests, Traffic, Nets, Rag Chew, DIY, Other:

\_\_\_\_\_

Please list education, training, skills, experience, etc. that you have that may of benefit to the group:

\_\_\_\_\_

What do you want to do in the

organization? \_\_\_\_\_

What do you expect from the organization?

\_\_\_\_\_

\* Other address: \_\_\_\_\_

## Current membership Dues:

**Full Member \$30**

**Associate Member \$20**

**Family Membership<sup>1</sup> \$40**

Please use the PayPal link on our website or mail this application and your check to our PO Box:

WPBARG, Inc.

PO Box 7623

West Palm Beach, FL 33405-7623

**Signature:**

\_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_

**RECEIVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

<sup>1</sup> Family membership covers a licensed amateur radio operator and their immediate family who reside in the same home.