

# 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:

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

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What do you want to do in the

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

What do you expect from the organization?

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

**Current membership Dues:**

<b>Full Member</b>	<b>\$30</b>
<b>Associate Member</b>	<b>\$20</b>
<b>Family Membership<sup>1</sup></b>	<b>\$40</b>

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.