

WICHITA AMATEUR RADIO SOCIETY (W.A.R.S.)
APPLICATION FOR MEMBERSHIP or MEMBERSHIP RENEWAL
 (Revised 2003118/N5DHG/memappl.wpd)

Join or renew today! Experience the fun of amateur radio through socials, projects, training exercises, and much more. W.A.R.S. membership is open to anyone. Choose from FULL, FAMILY, SENIOR, YOUTH, OR ASSOCIATE membership. Act now and join the fun!

CHECK ONE (Membership prorated on a semiannual basis):

_____ **FULL Membership at \$30.00 a year (\$15.00 on July 1st).** Vote & hold office, receive the club newsletter, autopatch access codes plus a speed dial on the repeater(s).

_____ **FAMILY Membership at \$40.00 a year per family group (\$20.00 on July 1st).** Same rights, privileges, and benefits as a FULL Member.

_____ **SENIOR Membership at \$15.00 a year (\$7.50 on July 1st).** Same rights, privileges, and benefits as a FULL Member. Must be 65 years of age or older.

_____ **YOUTH Membership at \$10.00 a year (\$5.00 on July 1st).** Same rights, privileges, and benefits, as a FULL member except cannot hold office. Must be 18 years of age or younger.

_____ **ASSOCIATE Membership at \$15.00 a year (\$7.50 on July 1st).** Receive the club newsletter; cannot vote or hold office and no autopatch access.

NOTE: All memberships good through current calendar year.

Please provide ALL information; be sure to include your ZIP PLUS-4. For your records, please make payment to W.A.R.S. by check. Return the **ENTIRE** form.

===PRIMARY MEMBER===

NAME _____ CALL SIGN _____
 LICENSE CLASS -- E A G P T N ARRL MEMBER? -- YES NO
 E-MAIL ADDRESS _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP (PLUS 4) _____ - _____
 PHONE NUMBER: HOME _____ WORK _____
 DESIRE SPEED DIAL ON 2 m & 70 cm? YES NO IF YES, PHONE NUMBER _____
 ACCEPT SKYWAVE, W.A.R.S. NEWSLETTER, ELECTRONICALLY? -- YES NO

===FAMILY MEMBERS===

NAME _____ CALL SIGN _____
 E-MAIL ADDRESS _____
 LICENSE CLASS -- E A G P T N ARRL MEMBER? -- YES NO

NAME _____ CALL SIGN _____
 LICENSE CLASS -- E A G P T N ARRL MEMBER? -- YES NO
 E-MAIL ADDRESS _____

NAME _____ CALL SIGN _____
 LICENSE CLASS -- E A G P T N ARRL MEMBER? -- YES NO
 E-MAIL ADDRESS _____

OFFICE USE ONLY

APPL PROCESSED
 CHECK or CASH
 CHECK NO _____
 AMOUNT _____
 DATE _____
 BY _____

~~~~~  
*DATABASE POSTED*  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_

~~~~~  
AUTOPATCH NOTE
 DATE: _____
 BY: _____

OFFICE USE ONLY

Send check & **ENTIRE** form to: W.A.R.S., P. O. BOX 4363, WICHITA FALLS, TX 76308-0363