



West Central Ohio
Amateur Radio Association
www.wcoara.info

Systems
WC8OH
145.11 (67hz pl) / 224.16

W8COH
443.225

MEMBERSHIP APPLICATION

Personal Information:		
Last Name:	First Name:	Middle Initial:
Call Sign:	License Class: <input type="checkbox"/> N <input type="checkbox"/> T <input type="checkbox"/> T+ <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> E	
Address:		
Address 2:		
City:	State:	Zip:

Contact Information:	
Home Phone:	Work Phone:
Cell Phone:	
Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Email Address:	
Email Address 2:	

Affiliation Information:
ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Life
ARRL Appointments (if any):
List Other Club Memberships (if any):

Areas Of Interest:			
<input type="checkbox"/> HF SSB	<input type="checkbox"/> VHF SSB	<input type="checkbox"/> UHF SSB	<input type="checkbox"/> ARES
<input type="checkbox"/> HF CW	<input type="checkbox"/> VHF FM	<input type="checkbox"/> UHF FM	<input type="checkbox"/> NTS
<input type="checkbox"/> HF Digital	<input type="checkbox"/> VHF Digital	<input type="checkbox"/> ATV	<input type="checkbox"/> Public Service
<input type="checkbox"/> HF TV	<input type="checkbox"/> VHF Weak Signal	<input type="checkbox"/> Satellite	<input type="checkbox"/> Field Day

Committees Of Interest:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Technical | <input type="checkbox"/> Public Information |
| <input type="checkbox"/> Interference | <input type="checkbox"/> Science and Education |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Emergency Operations |

Application Purpose:

- Full Membership Associate Membership
- Family Membership (Full Member Call/Name) _____
- Other _____

Event Requirements: (Does not apply for Associate Membership)

Event 1:	Date:	Approval:
Event 2:	Date:	Approval:
Event 3:	Date:	Approval:

Event requirements have been waived by vote on:

Applicants Signature

Signing this application certifies that the applicant agrees to uphold the Constitution, by-laws, & policies of the association. A copy of the Constitution and by-laws can be found on the web site, or will be provided in print upon request. Applicant will be given full membership privileges after the membership has voted and approved membership.

Signature: _____ Date: _____

Completed by Membership Chair

The applicant has been voted on and accepted on _____.

Membership Chair: _____ Date: _____