## Application for Membership in the Wattsburg Wireless Association

Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Call Sign:	E-mail:		
ARRL Member: Yes	NO ARRL Ce	rtified instructor: Yes	No
VE Certified: Yes	No (ARRL or W	5YI) MARS	
Program Call:	Branch	of Service:	
Current Club affiliations:			
Birth Date: Month			
********	* Type of membership de	sired (circle one pleas	ie) *********
Dues \$15/year.  ✓ Active Associate M Family Members (I		ding an officer position ld) Dues \$7.50/year.	vithin 6 months of joining)  n) Dues \$10/year. Additional  ons accepted.
*******	******	******	********
Note: Contact the treasure pay dues, <i>failure to pay dues</i>	•	•	erstand if I am required to til said dues are pain in full.
Signature:		)ate:	
•	-	y meeting. All prospe	oom #114, Erie, PA 16509, or ctive members must be voted
	Do not write belo	w this line	
Accepted: Yes	No	date	
Signature of Association Of	ficer and Position:		
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