

**MEMBERSHIP APPLICATION**  
Please Print Clearly



New  Renewal  ARRL Member- Yes  No

Date \_\_\_\_\_

Name \_\_\_\_\_ Call Sign \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Would you like to have an e-mail link shown on WARS's website Roster? Yes  No   
Note: Only an icon will be displayed the actually address is incoded and is not shown on the Roster.

May we post e-mail address and telephone number in the membership directory available only in a "Members Only" section of the web site? Yes  No

**Membership Dues Single \$15.00\* — Family \$22.50\* in same household**  
\*Donations are always welcome

**Amount Enclosed:** \_\_\_\_\_

(WARS Membership year begins 1 Jan)

Make Check payable to: **WARS.**

Mail To: **WARS — PO Box 73 — Willits, CA 95490**

( FOR ADDITIONAL NAMES IN SAME HOUSEHOLD)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Call Sign \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Call Sign \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

NOTES: \_\_\_\_\_  
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