

**PLEASE RETURN THE COMPLETED APPLICATION TO:
 GEORG SAMULKEWITSCH, KR4WD, 12190 BROADLEAF CT, WELLINGTON FL 33414**

WELLINGTON RADIO CLUB

The WRC accepts members of all ages, races, religious beliefs, national origins and sexual orientation.

Application for Membership (Please Print Clearly)		Active Bands
Name: _____	Call: _____	160M <input type="checkbox"/>
Address: _____		80M <input type="checkbox"/>
City: _____	State: _____	40M <input type="checkbox"/>
	Zip: _____	20M <input type="checkbox"/>
Telephone: _____	Home: _____	15M <input type="checkbox"/>
	Day: _____	10M <input type="checkbox"/>
E-mail: _____	@ _____	6M <input type="checkbox"/>
		2M <input type="checkbox"/>
		220 Mhz <input type="checkbox"/>
		430 Mhz <input type="checkbox"/>
		440 Mhz <input type="checkbox"/>
		900 Mhz <input type="checkbox"/>
		1200 Mhz <input type="checkbox"/>
		WARC <input type="checkbox"/>
		Other <input type="checkbox"/>
		Non-Active <input type="checkbox"/>
<p>ARES/RACES Member YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Request For: New Membership: Renewal: 1 Yr. Dues:</p> <p> Full Member: <input type="checkbox"/> <input type="checkbox"/> \$18.00</p> <p> Associate Member <input type="checkbox"/> <input type="checkbox"/> \$18.00</p> <p> Over 65 / 2nd Family Member / Student <input type="checkbox"/> <input type="checkbox"/> \$9.00</p> <p>Address Change: <input type="checkbox"/></p> <p align="center">Makes Checks Payable to "Wellington Radio Club".</p> <p>I agree to abide by the WRC Constitution and By-Laws and to conduct myself according to the Amateurs Code.</p> <p>Signature: _____</p> <p>Other Memberships: _____ (Include radio clubs, regional and national radio associations and emergency response organizations. Examples: CERT, ARRL, Skywarn, AMSAT, etc.)</p>		

Donation: If you would like to make a donation to the Wellington Radio Club please specify your contribution.

Cash: \$ _____

Please provide a receipt for my donation.

Equipment Description:	Value

Please Do Not Write Below This Line.

Received: \$ _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	No. _____	By: _____
Entered in Database: _____	On / /	Expiration / /	By: _____	