

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

## Wellington Radio Club

**The WRC accepts members of all ages, races, religious beliefs, national origins and sexual orientations**

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: _____	Day: _____	15M	<input type="checkbox"/>
E-mail: _____	@ _____	10M	<input type="checkbox"/>
		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"/>

  

ARES/RACES Member Request For: Full Member Associate Member Over 65 / 2nd Family Member / Student Address Change	Yes <input type="checkbox"/>	New Membership: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/>	Renewal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 YR. Dues \$20.00 \$20.00 \$10.00
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Make Checks Payable to "Wellington Radio Club"

I agree to abide by the WRC Constitution and By-Laws and to Conduct myself according to the Amateur Code  Signature: _____	Other Membership (Include radio clubs, regional and national radio associations and emergency response organizations. Examples: CERT, ARRL, Skywarn, AMSAT, etc.) _____ _____ _____ _____ _____
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The following is for Donations Only

If you would like to donate to the Wellington Radio Club please specify you contribution.

Cash: \$ \_\_\_\_\_

Please provide a receipt for my donation

Equipment Description:

Value


Please Don Not Write Below This Line

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