



WESTPARK RADIOPS

W8VM



**WESTPARK RADIOPS AMATEUR RADIO CLUB
MEMBERSHIP APPLICATION**

NAME _____ CALL _____

ADDRESS _____ PHONE _____

CITY _____ ZIP CODE _____

MEMBERSHIP GRADE APPLIED FOR: AMATEUR ASSOCIATE(SWL)

ARRL MEMBER? _____ YEARS ARRL APPOINTMENTS? _____

MEMBER OF OTHER AMATEUR RADIO CLUBS PRESENTLY? PROFESSIONAL AFFILIATIONS?
PLEASE LIST BELOW:

PREFERRED BANDS AND MODES: _____

EMERGENCY PREPAREDNESS: IS YOUR STATION USEABLE DURING POWER FAILURE? YES NO

HAVE YOU WORKED A REAL EMERGENCY? YES NO

EMERGENCY EQUIPMENT? YES NO

YOUR OCCUPATION: _____

EMPLOYER NAME: _____ BUS PHONE: _____

*I HEREBY APPLY FOR MEMBERSHIP IN THE WESTPARK RADIOPS AMATEUR RADIO CLUB AND
ACCEPT THE CONSTITUTION AND THE BY-LAWS AS THE GOVERNING RULES OF THE ORGANIZATION*

SIGNATURE: _____ DATE: _____

MEMBER RECOMMENDING: _____ CALL: _____

MEMBERSHIP APPLICATION: APPROVED DENIED DATE: _____

SECRETARY- MEMBERSHIP CARD NUMBER: _____ TREASURER - DUES PAID: YES

ADDED TO ROSTER AND MAILING LIST: YES