

Wabash Valley Amateur Radio Association, Inc.

Please complete this form and include your dues with it. You may return this application in person or mail to:
P.O. Box 10081 — Terre Haute, IN 47801-0081

Membership Application

New Member

Renewal

Name: _____ Call: _____ License Class: _____ ARRL Member

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth (mm/dd/yyyy): _____

Year 1st Licensed: _____

The Bandspread will be delivered electronically (Adobe© Reader required) unless you specifically request that a printed copy be mailed. Due to cost reasons, electronic delivery is encouraged. The pictures in the electronic version are in color as opposed to black & white in the printed version.

I request a printed copy of the Bandspread.

If you are applying for a family membership, please list the licensed family members living at the above address that you wish to include:

Name: _____ Call: _____ License Class: _____ ARRL Member

Name: _____ Call: _____ License Class: _____ ARRL Member

Name: _____ Call: _____ License Class: _____ ARRL Member

Name: _____ Call: _____ License Class: _____ ARRL Member

Enter the total payment: Primary Membership (\$20): \$ _____

Family Memberships (\$5 x Nr of Family Members): \$ _____

TOTAL PAYMENT: \$ _____