



Wabash Valley Amateur Radio Association, Inc.

Membership Application



Primary Member

First Name	M.I.	Last Name	Suffix	Call Sign	Class
Mailing Address (Line #1)		Mailing Address (Line #2 — Optional)			
City			State	Zip Code	
E-Mail Address (Required)					
Home Phone (Optional)		Cell Phone (Optional)		Work Phone (Optional)	

☐ New Member
☐ Renewal
☐ ARRL Member

Family Members

First Name	M.I.	Last Name	Suffix	Call Sign	Class
E-Mail Address (Required)					
Home Phone (Optional)		Cell Phone (Optional)		Work Phone (Optional)	

☐ New Member
☐ Renewal
☐ ARRL Member

First Name	M.I.	Last Name	Suffix	Call Sign	Class
E-Mail Address (Required)					
Home Phone (Optional)		Cell Phone (Optional)		Work Phone (Optional)	

☐ New Member
☐ Renewal
☐ ARRL Member

First Name	M.I.	Last Name	Suffix	Call Sign	Class
E-Mail Address (Required)					
Home Phone (Optional)		Cell Phone (Optional)		Work Phone (Optional)	

☐ New Member
☐ Renewal
☐ ARRL Member

Dues Payment

Return the completed application along with payment to the WVARA Treasurer, or mail it to:
WVARA
PO Box 10081
Terre Haute, IN 47801-0081

Primary Membership Dues (\$35): \$ _____
Family Membership Dues (Nr of Family Members x \$8): \$ _____
Total Payment: \$ _____

Certification

I request a criminal background check to allow me to participate in those club activities where the Executive Board has determined that a background check is required.

Yes ☐ No ☐

I certify that neither myself nor any family member listed above has ever been charged with or convicted of a felony where the victim was under 18 years of age.

Signature	Date
-----------	------