



Warren County Radio Club Inc.

Membership Application

(Please print clearly and bring to treasurer at next meeting or mail to address below)

Name: First _____ Last: _____

Call sign: _____ Class: _____ Year First Licensed: _____

Mailing Address _____

Phone #1(____) _____ - _____ Phone #2(____) _____ - _____

Email Address: _____

Current ARRL Member
Yes No

Volunteer Examiner
Yes No

Current Member Of:
ARES RACES

Bands you can currently operate:(Circle all that apply.) HF VHF UHF Microwave

Comments and suggestions: What are your areas of interest, activities you would like to see the club participate in? (HF, VHF, CW, SSB, Digital, Homebrewing, E-comms, etc.)

By affixing your signature to this Membership Application, you hereby agree to abide by the Constitution, by-laws, and policies of the Warren County Radio Club Inc.

Signature: _____ Date: _____

Membership dues are \$20 per year. Additional members living in the same household/address are \$5 each. (Please fill out application for each member of household)

Make checks payable to:
Warren County Radio Club Inc.

Mail to: Warren County Radio Club Inc.
PO Box 844
Glens Falls, NY 12801

FOR CLUB USE

Date Received _____ Amount Received \$ _____ cash / check / PayPal / other _____ (rev: 12/15/2020)