



WHITMAN AMATEUR RADIO CLUB, INC.

A Non-Profit Corporation Serving the Public in Time of Emergency

Post Office Box 48
Pine Street
Whitman, MA 02382

Telephone: (781) 447-1655
ARRL Club #0082



APPLICATION FOR MEMBERSHIP

NAME: _____ **CALL SIGN:** _____

The Whitman Amateur Radio Club, Inc. is organized and constituted to:

- a. Provide social and training facilities for future and established amateur radio operators.
- b. Further the art of experimentation and activity on the radio frequencies allocated by the FCC to Amateur Radio Service.
- c. Support our community when needed by establishing and providing radio communications.

This Club shall have as its members:

- a. People who have an active interest in amateur radio operations and support the purpose of the club.
- b. Members who will participate in club sponsored activities, volunteer to assist or help when needed, and accept appointments to committees when appointed.
- c. Persons with good moral and social practice who can obtain the endorsement of 4 members in good standing on their application.
- d. Members when asked will permit or provide a personal background check.

Please sign to acknowledge understanding and acceptance to the above.

SIGNATURE: _____

There are 2 classes of new membership one can apply for:

1. Full – Pay dues, have a valid FCC operating license, can vote in club affairs.
2. Associate – Pay dues, does not need FCC operating license, and cannot vote.

PLEASE TYPE OR PRINT LEGIBLY ALL INFORMATION APPLICABLE TO THE APPLICANT. ENSURE IT IS COMPLETE AND THAT YOU HAVE OBTAINED THE ENDORCEMENT OF 4 MEMBERS IN GOOD STANDING Dues are required at the time of application. Dues may be prorated for the balance of the club's fiscal year as determined by the President or Treasurer. Please provide documentation on ARRL membership status with application

CALL SIGN: _____ **DATE:** _____

NAME: (LAST) _____ **(M. I.)** _____ **(FIRST)**

CLASS OF MEMBERSHIP APPLIING FOR: _____

ADDRESS: (STREET) _____

(CITY/TOWN) _____ **(STATE)** _____ **(ZIP)** _____

TEL: _____ **E-MAIL:** _____

AMATEUR LICENSE CLASS: _____ **EXPIRATION:** ____ / ____ / ____

SIGNATURE: _____ **ARRL Member: yes: ___no___**

PROVIDE ENDORSEMENT OF APPLICATION BY FOUR MEMBERS IN GOOD STANDING.

1. _____ 2. _____

3. _____ 4: _____