

WCARC MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Member Type:

Phone:

Full

Family

Associate

Advisor

Current address:

City:

State:

ZIP Code:

Call Sign:

Email:

SPOUSE INFORMATION IF FAMILY MEMBERSHIP

Name:

Date of birth:

Call Sign:

Phone:

Email:

CHILDREN IF FAMILY MEMBERSHIP

Name:

Name:

Call Sign:

Call Sign:

SIGNATURE

Signature of applicant:

Date:

Signature of spouse *(only if for a Family Membership):*

Date: