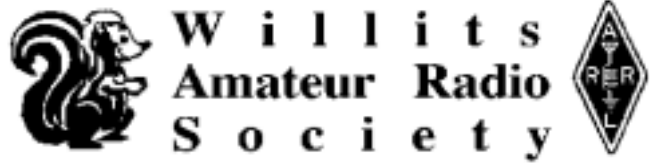


MEMBERSHIP APPLICATION

Please Print Clearly



New Renewal ARRL Member- Yes No

Date _____

Name _____ Call Sign _____

Address _____ City _____

State _____ Zip _____ Birth Date: _____

(month & day only - used for News Letter)

Telephone: _____ E-Mail _____

Would you like to have an e-mail link shown on WARS's website Roster? Yes No *Note: Only an icon will be displayed the actual address is incoded and is not shown on the Roster.*

May we post e-mail address and telephone number in the membership directory available only in the "Members Only" section of the web site? Yes No

Membership Dues Single \$15.00* — Family \$22.50* in same household

***Plus donation for use of Brooktrails Fire House for meetings.**

Amount Enclosed: _____

(WARS Membership year begins 1 JAN)

Make Check payable to **WARS.** — Mail TO: **WARS — PO Box 73 — Willits, CA 95490**

(Use FOR ADDITIONAL NAMES IN SAME HOUSEHOLD)

Last Name _____ First Name _____

Call Sign _____ E-Mail Address: _____

Last Name _____ First Name _____

Call Sign _____ E-Mail Address: _____

NOTES: _____

