

Application for Membership  
In the  
Warren Amateur Radio Association, Inc.

CALL: \_\_\_\_\_ Class of License held: \_\_\_\_\_  
Date license obtained \_\_\_/\_\_\_/\_\_\_ ARRL Member YES/NO {Circle one}  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Anniversary \_\_\_/\_\_\_/\_\_\_  
Occupation: \_\_\_\_\_ Spouse's name: \_\_\_\_\_  
Are you a Veteran? Yes/No If yes, what branch: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Describe briefly any area of special interest in Amateur Radio:

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Hobbies:

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Please name other Organizations you are a member of:

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Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date Approved / Disapproved \_\_\_/\_\_\_/\_\_\_ if disapproved see attached.

Dues' Paid \$ \_\_\_\_\_ {Full / half year} circle on please

Signature \_\_\_\_\_  
Treasurer/ Secretary

Call \_\_\_\_\_

Signature \_\_\_\_\_  
President

Call \_\_\_\_\_

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