



WCARS MEMBERSHIP INFORMATION SHEET

ANNUAL DUES

_____ Full-\$20 _____ Family-\$30 _____ Student-\$5

(Make Checks Payable to WCARS)

All information is requested to assist the officers and committee chairpersons in planning activities, programs, and community service communications needs. The information in Section 1 will be as shown in the FCC ULS Online License Search (This information is public knowledge). **By checking the appropriate box, below, your physical address, email address, and phone number will remain confidential within the WCARS Club officers. Published club rosters will not include this information.** Article VI of the Society's By-Laws prescribes pro-rated **new** member Dues: = Annual dues amount divided by 12 and multiplied by the number of months remaining in the year.

I. PERSONAL INFORMATION:

NAME: _____ CALL SIGN: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

EMAIL: _____

HOME PHONE (____) ____ - ____ MOBILE PHONE(____) ____ - ____

CHECK FOR NON_PUBLICATION OF PHYSICAL ADDRESS _____ EMAIL _____ PHONE _____

II. LICENSE AND OCCUPATIONAL INFORMATION:

CURRENT OPERATOR CLASS (CHECK ONE)

TECHNICIAN _____ GENERAL _____ ADVANCED _____ EXTRA _____

YEAR FIRST LICENSED: _____ CURRENT EFFECTIVE DATE: _____

CURRENT LICENSE EXPIRATION DATE: _____

PREVIOUS CALL SIGNS: _____

EMPLOYER: _____ WORK PHONE: _____

OCCUPATION: _____

III COMMUNICATION CAPABILITIES: (CHECK ONE)

PORTABLE _____ MOBILE _____ FIXED _____

160 _____ 80 _____ 40 _____ 30 _____ 20 _____ 17 _____ 15 _____ 12 _____ 6 _____ 2 _____ 1.25CM _____ 70CM _____

OTHER: _____

MODE PREFERENCE: CW _____ FM _____ SSB _____ DIGITAL _____ SATELLITE _____

POWER CAPABILITY: HF: _____ WATTS VHF/UHF: _____ WATTS

EMERGENCY POWER AVAILABLE: GENERATOR _____ BATTERY _____ SOLAR _____

IV. IAM INTERESTED IN PARTICIPATING IN THE FOLLOWING ACTIVITIES (CHK):

_____ ACTIVITIES SUPPORT TEAM

_____ PROGRAM COMMITTEE

_____ EDUCATION COMMITTEE

_____ PUBLIC SERVICE COMMITTEE

_____ EMERGENCY COMMUNICATIONS

_____ SPECIAL EVENTS

_____ FIELD DAY TEAM

_____ SPECIAL ACTIVITIES

_____ HAMFEST COMMITTEE

_____ VE TEAM

_____ MEMBER ASSISTANCE COMMITTEE

_____ ELMER PROGRAM

OTHER: _____

Mail to WCARS, PO Box 1488, Asheville, NC 28802-1488