



# 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 LEGABLY 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 ENDORCEMENT OF APPLICATION BY FOUR MEMBERS IN GOOD STANDING.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_