

Westmoreland Emergency Amateur Radio Service, Inc.

Mailing Address: P.O. Box 1084, Latrobe, PA 15650



APPLICATION FOR MEMBERSHIP

PLEASE PRINT

NEW MEMBER: _____ RENEWAL: _____

NAME: _____ CALL: _____

NICK NAME: _____ SPOUSE: _____ CLASS: N T T+ G A E

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL CARRIER: _____

OCCUPATION: _____

SPECIAL TRAINING (NIMS, ICS, EmCOMM, Fireman, EMT, First Aid, Computer, etc.): _____

AFFILIATIONS: ARRL _____ ARES _____ MARS _____ NTS _____ RACES _____ SATURN _____ SKYWARN _____

CERTIFICATIONS: ICS 100 _____ ICS 200 _____ ICS 300 _____ ICS 400 _____ ICS 700 _____ ICS 800 _____ NIMS _____

EmCOMM I _____ EmCOMM II _____ EmCOMM III _____ OTHER _____

INTERESTS _____

MEMBERSHIP TYPE: PROBATIONARY (FIRST YEAR) _____ (\$24), REGULAR / FULL _____ (\$24)

SENIOR (65+) / JUNIOR (-18) _____ (\$12), FAMILY _____ (\$36), LIFE _____ (\$500)

ORGANIZATIONAL _____ (\$120), AUXILIARY _____ (\$12)

Membership is due and payable by January 1st of each year. Please make checks payable to WEARS.

Please accept my application for membership into the *Westmoreland Emergency Amateur Radio Service, Inc. (WEARS)*.
As a member, I agree to abide by the bylaws and policies governing the organization.

Applicant's Signature

Date

Sponsor's Signature (*new applicants only*)

Date

Official Use Only

Check #: _____, Amount \$ _____, Received By: _____, Roster Updated: _____