



Membership Application

West Central Ohio Amateur Radio Association

3535 Southern Blvd.
Kettering, Ohio 45429

www.wcoara.org

Systems

WC8OH
145.11 (67hz pl) / 224.16

W8COH
443.225 / 223.90 (77hz pl)

Packet Node
145.65

Personal Information:		
Full Name:		
Call Sign:	License Class: <input type="checkbox"/> N <input type="checkbox"/> T <input type="checkbox"/> T+ <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> E	
Address:		
City:	State:	Zip:

Contact Information:	
Home Phone:	Work Phone:
Cell Phone:	Pager:
Pager Company (if alpha-numeric):	
Email Address:	
Association Email Reflector: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Affiliation Information:
ARRL Member: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Life
ARRL Appointments (if any):
List Other Club Memberships (if any):

Areas Of Interest:			
<input type="checkbox"/> HF SSB	<input type="checkbox"/> VHF SSB	<input type="checkbox"/> UHF SSB	<input type="checkbox"/> ARES
<input type="checkbox"/> HF CW	<input type="checkbox"/> VHF FM	<input type="checkbox"/> UHF FM	<input type="checkbox"/> NTS
<input type="checkbox"/> HF Digital	<input type="checkbox"/> VHF Digital	<input type="checkbox"/> ATV	<input type="checkbox"/> Public Service
<input type="checkbox"/> HF TV	<input type="checkbox"/> VHF Weak Signal	<input type="checkbox"/> Satellite	<input type="checkbox"/> Field Day

Committees Of Interest:

- Technical
- Interference
- Membership
- Public Information
- Science and Education
- Emergency Operations

Application Purpose:

- Full Membership Associate Membership
- Family Membership (Full Member Call/Name) _____
- Other _____

Event Requirements: (Does not apply for Associate Membership)

Event 1:	Date:	Approval:
Event 2:	Date:	Approval:
Event 3:	Date:	Approval:
Event requirements have been waived by vote on: _____		

Applicants Signature

Signing this application certifies that the applicant agrees to uphold the Constitution, by-laws, & policies of the association. A copy of the Constitution and by-laws can be found on the web site, or will be provided in print upon request. Applicant will be given full membership privileges after the membership has voted and approved membership.

Signature: _____ Date: _____

Completed by Membership Chair

The applicant has been voted on and accepted on _____.

Membership Chair: _____ Date: _____

Snail Mail Application to:
Lynn Roberts N8LXK
4155 Colemere Circle
Dayton, Ohio 45415

Email Application to:
n8lxx@arri.net