

WADENA AREA AMATEUR RADIO CLUB MEMBERSHIP APPLICATION

Date:

Name:

Address:

City:

State:

Zip:

Call Sign:

License Class:

E-Mail Address:

Phone #:

Cell Phone:

Dues: \$20 individual member, \$30 Family, Per Year.

Mail to: WAARC Treasurer

PO Box 402 Wadena, MN 56482