

# **WADENA AREA AMATEUR RADIO CLUB MEMBERSHIP APPLICATION**

**Date:**

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Call Sign:**

**License Class:**

**E-Mail Address:**

**Phone #:**

**Cell Phone:**

**Dues: \$25 Individual member, \$30 Family, Per Year.**

**Mail to: WAARC Treasurer**

**PO Box 402**

**Wadena, MN 56482**