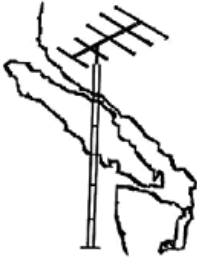


Application for Membership



Westcoast Amateur Radio Association

PO Box 48047

VICTORIA BC V8Z 7H5

www.ve7vic.ca

ve7vic@rac.ca

Date: _____ Individual Membership Family Membership

Please Print Clearly in UPPER CASE

	Surname	First Name	Callsign
1			
2			
3			
4			

Street Address			
City, Prov/State		Postal Code	
email			
Phone	() -	() -	

Notes:

1. Family Membership means two or more related members at the same address
2. The membership year is from November 1 to October 31 the following year
3. There are 2 Name Badge formats,
 - a. First name Surname plus Callsign
 - b. First name plus Callsign (slightly larger font)

Name(s)/Callsigns to appear on Badge(s): (Note choice of formats.)

	Name	Callsign		Name	Callsign
1			2		
3			4		

Amount included: _____ Membership dues: \$ _____

Name Badge (\$7 pin/\$9 magnetic): \$ _____

TOTAL\$ _____

Send Cheque and completed form to WARA, PO Box 48047, Victoria BC V8Z 7H5.

Payment Schedule

- Regular Membership \$30
- Family Membership \$45
- New Members and students contact Membership Director Peter Cross (VA7PTR)