



Membership Application

West Central Ohio Amateur Radio Association

3535 Southern Blvd.
Kettering, Ohio 45429

www.wcoara.info

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: N T T+ G A E

Address:

City: State: Zip:

Contact Information:

Home Phone: Work Phone:

Cell Phone: Pager:

Pager Company (if alpha-numeric):

Email Address:

Association Email Reflector: Yes No

Affiliation Information:

ARRL Member: Yes No 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:	
<input type="checkbox"/> Technical	<input type="checkbox"/> Public Information
<input type="checkbox"/> Interference	<input type="checkbox"/> Science and Education
<input type="checkbox"/> Membership	<input type="checkbox"/> Emergency Operations

Application Purpose:	
<input type="checkbox"/> Full Membership	<input type="checkbox"/> Associate Membership
<input type="checkbox"/> Family Membership (Full Member Call/Name) _____	
<input type="checkbox"/> 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	
<p>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.</p>	
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@arrl.net