WEST VIRGINIA AMATEUR RADIO, Inc.



MEMBERSHIP RENEWAL

(Each member must complete a separate renewal, duplication of the form is authorized)
(PLEASE PRINT LEGIBLY)

Name:		On The Air Name:		
Call:	Class: _	_ Extra _	_ Advanced Ger	neral Technician
Address:	City:			
State: Zip:	Cou	nty:		
Home Phone: ()_ (Please include your email address Email Address:	as that is our primary	way of contact	ing members and sharing infor	
Note: No personal info express permission of Do you give permission other members of WV Do you want to partici	the member. n for your ema AR, Inc.?	ail addres _Yes _	s and phone numb No	er to be given to
Membership Type: (che		-		
Dues for Full Members Dues for Associate Mer June 30 th .		•	•	• .
(Please make checks payable Amount Paid:				
I agree to abide by the c Radio, Inc. club and the		-	dures of the West V	irginia Amateur
Signed:			Date:	

Return to:

West Virginia Amateur Radio, Inc. Attn: Membership Services PO Box 144 Hurricane, WV 25526