



TAMAQUA WIRELESS ASSOCIATION INC.

PO Box 165 Tamaqua, PA 18252

Website: www.w3twa.org

E-Mail: info@w3twa.org

MEMBERSHIP APPLICATION

We are pleased that you are interested in joining our Amateur Radio Association. Our organization is nonsectarian and does not discriminate between Race, Sex, Color or Creed. Only licensed Amateur Radio Operators are permitted to join as full members. All applicants are required to answer a few questions. Please complete the following form and return it to the club Secretary. Circle or fill in the blank spaces where required. Please include a reference copy of your amateur license. PLEASE PRINT !

Name: _____ Call Sign: _____ Expiration Date: _____

My present license class is: () Technician () General () Extra () Other _____

Year first licensed: _____ Date of Birth: _____

Type of membership: () Full () Social () Student

TWA members are active and participate in a number of community service activities. Please check those which you are willing and able to assist with and take an active part in:

- () Teach or assist with licensing instruction classes
- () Assist or become a Volunteer Examiner at license exams
- () Take part in our annual Field Day exercises, VHF, QSO Party, Pa QSO Party
- () Be a part of our antenna repair and erection crew
- () Write articles for our website
- () Assist with communications for the Annual Tamaqua Halloween Parade or other events
- () Become an officer in the association or committee chairman
- () Present a program at a club meeting or Tech Night
- () Other – You name it ! _____

Are you a member of the American Radio Relay League (ARRL): () YES () NO

Do you belong to any other Amateur Radio clubs? () YES () NO

Things you should know about the TWA

Membership in this Amateur Radio Association is maintained by being active in Association functions. Annual membership dues are \$50 for Full members, and \$25 for Social membership. Dues are payable to the club by January. Please make checks payable to the Tamaqua Wireless Association.

**** New member dues will be pro-rated: 75% March-June, 50% July-Sept., 25% Oct-Dec ****

Street Address _____ Cell Number _____

QTH _____ Zipcode _____

Email Address _____ Home Number _____

By my signature I understand the obligations and requirements to become a member of the Tamaqua Wireless Association.

Signature _____ Date _____