



WEST VOLUSIA AMATEUR RADIO SOCIETY Membership Application

We would like to invite you to join the West Volusia Amateur Radio Society (WestVARS). Weekly radio nets are held every Wednesday at 8:00pm. Regular meetings are held on the fourth Tuesday of each month at 7:00pm. Officers are elected on the last Tuesday meeting of the year.

The purposes of WestVARS are to:

- Facilitate the exchange of information and general cooperation among members
- Promote amateur radio knowledge and individual operating efficiency
- Conduct group programs and activities to advance the general interest and welfare of amateur radio in the West Volusia community.
- Promote and develop the Amateur Radio Public Service Corps (ARPSC), which consists of three branches: RACES - Radio Amateur Civil Emergency Service; ARES - Amateur Radio Emergency Service; and NTS -National Traffic System. (Each member of WestVARS should participate in at least one branch of ARPSC).
- Foster and develop scientific and educational interest in the advancement of the theory and practice of radio communications.
- Promote friendship among amateur radio operators.

Please fill in below. Indicate the type of membership you desire and write the dues amount of membership in the spaces at the right. Add any additional family members in the space below. *

Name _____ Call _____ Class _____

Address _____ City, State _____ Zip _____

Phone _____ Email _____

___Active Member: \$25.00 for use of repeater. \$ _____

___Family Member*: \$7.50 - with Active Member - includes all privileges \$ _____

___Associate Member: \$7.50 - not a licensed "Ham" but interested in amateur radio \$ _____

PLEASE MAKE YOUR CHECK PAYABLE TO: WestVARS, Inc. TOTAL DUE \$ _____

*Name _____ Call _____ Class _____

*Name _____ Call _____ Class _____

*Name _____ Call _____ Class _____

Return to:
WestVARS
PO Box 1293
DeLand, FL 32721
N4ZZN@yahoo.com

Please read and sign:

I have read and understand the purposes and objectives of WestVARS and I will comply with the organization's policies.

Signature _____ Date _____