



West Island Amateur Radio Club Membership Form

2002.02

Year _____

Name _____ Callsign _____

Other callsigns held: _____

Address _____

City, Province _____

Postal Code _____

May we publish it ?

Home tel. number (_____) _____ yes no

Work tel. number (_____) _____ yes no

E-mail address _____ yes no

Signature _____ Date _____

Dues (per calendar year, January to December)	\$20 or \$10 each for family members at same address as member or \$15 for visually impaired or \$15 for members 16 years and younger.
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Dues are payable before the end of March to ensure continued delivery of newsletter.

Please make cheque to: West Island Amateur Radio Club

Mail to : WIARC membership P.O. Box 884 Pointe-Claire QC H9R 4Z6

or remit to any member of the WIARC executive.

This space is reserved for WIARC use only

Received the sum of _____ Cash ___ Cheque # _____ WIARC Initials _____ Date _____
yyyy / mm / dd

- - - - - cut here - - - - -

WIARC Membership - Receipt	Year _____
Received from _____	\$ _____ Cash _____ Cheque _____
Thank you for your support !	
WIARC Signature _____	Date _____ yyyy / mm / dd