



WORCESTER RADIO AMATEURS ASSOCIATION

Membership Application Form

Member Name:	
Home Address:	
Date of Birth:	
Home Phone:	
Email:	

Medical:	<input type="checkbox"/> No medical issues <input type="checkbox"/> Registered Disabled <input type="checkbox"/> Registered Blind <input type="checkbox"/> Epilepsy <input type="checkbox"/> Pacemaker fitted <input type="checkbox"/> Other
Anything you think we should be aware of:	

Call Sign:		License Class:	<input type="checkbox"/> Full <input type="checkbox"/> SWL Only <input type="checkbox"/> Intermediate <input type="checkbox"/> No License <input type="checkbox"/> Foundation <input type="checkbox"/> Require license
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RSGB Member

Other Club Affiliations: _____

Modes:
 CW
 Phone
 Digital
 APRS
 ATV
 SSTV
 Satellite

Bands:
 160m
 80-10m
 6m
 2m
 70cm
 UHF/Microwave

Usual Operating Bands/Modes: _____

Special Amateur Radio Interests: _____

Other Related Special Interests: _____

Please make cheques payable to: Worcester Radio Amateurs Association

Signed		Date	
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Paid subscription

