

QCWA SUNFLOWER CHAPTER 79

MEMBERSHIP APPLICATION and INFORMATION SHEET

DATE: _____

APPLICANT STATEMENT:

I hereby apply for membership in the SUNFLOWER Chapter79, of the Quarter Century Wireless Association.
I agree to support the purposes of the Chapter, and abide by its by-laws.

Please type or print all but the signature.

SIGNED: _____ National QCWA Member No _____
DATE JOINED NATIONAL QCWA _____ EXPIRATION DATE _____
FIRST LICENSE DATE _____ CALLSIGN _____

NAME _____ CALL SIGN _____
ADDRESS _____ LICENSE EXPIRATION DATE _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER (with area code) _____
EMAIL ADDRESS _____
BIRTHDATE MONTH _____ YEAR _____
OTHER CLUBS _____
HOBBIES _____
QCWA CERTIFICATES YOU HOLD CENTURY _____ 50YR _____ 60YR _____ MORE _____
OM/XYL NAME _____ HAM CALL _____
BIRTHDATE MONTH _____ DAY _____
WEDDING ANNIVERSARY MONTH _____ DAY _____

ANNUAL DUES ARE \$4.00 PER YEAR (JAN THRU DEC)

MAKE CHECKS PAYABLE TO THE TREASURER : DAVID FOSTER

NOTE ON CHECK: For QCWA Chapter 79 dues _____ year('s)

SEND PAYMENT TO TREASURER:

DAVID FOSTER, N0KAT
1350 N WESTVIEW DR.
DERBY, KS 67037
PHONE 316-788-3309 EMAIL dfoster2@gmail.com

*****WELCOME INTO QCWA CHAPTER 79*****

Joined Together For Fellowship And The Betterment Of Amateur Radio