



# Membership Application

Application Type: (\_\_\_) New / (\_\_\_) Renewal

Family Membership Applies

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_  
 Email: \_\_\_\_\_ Packet Address: \_\_\_\_\_

*I, hereby apply for membership in the Wireless Society of Southern Maine as a (\_\_\_) FULL (\_\_\_) ASSOCIATE (\_\_\_) EMERGENCY COMMUNICATIONS TEAM member. I have read the Constitution and By-Laws of the Society and agree to abide by the terms and conditions of those governing documents.*

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

## Interests and Activities:

Your assistance and help is needed to enable the Wireless Society of Southern Maine to succeed and grow. Please tell us what you do best. Check all that apply.

<input type="checkbox"/> Newsletter Contributor	<input type="checkbox"/> Special Events	<input type="checkbox"/> Technical
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Programs	<input type="checkbox"/> Education
<input type="checkbox"/> Membership	<input type="checkbox"/> Projects	<input type="checkbox"/> SKYWARN
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Emergency Communications	<input type="checkbox"/> Public Relations (TV, Radio, Press)

Future Topic / Program suggestion: \_\_\_\_\_

Please mail this form and the membership fee of \$12.00 to the treasurer at: P.O. Box 1603, Scarborough, ME 04070. Make checks payable to the Wireless Society of Southern Maine. You may also bring your application to a monthly meeting. Emergency Communications Team (WSSM-ECT) membership, by itself, is available at no cost. Visit the club website at [www.ws1sm.com](http://www.ws1sm.com) for current meeting locations and directions.

FOR INTERNAL USE	
Dues paid: ____/____/____ for _____ months of Fiscal Year, via (___) Cash (___) Check # _____ Treasurer's Initials _____	
This application was submitted to the Full Membership of the Society for approval on: _____	
The application was (___) ACCEPTED (___) REJECTED, and the applicant was informed of the results.	
_____ Officer's Signature	_____ Date