

# Westchester Emergency Communications Association Inc.

PO Box 831

Sleepy Hollow, NY 10591

<http://www.weca.org>

## APPLICATION FOR W.E.C.A. MEMBERSHIP

Thank you for your interest in WECA. Membership is open to all that have an interest in Amateur Radio. Membership is available in one of the following categories:

**FULL** membership is available to licensed Amateur Radio Operators who desire to actively support the purposes of the Association with their time, talent, and participation. Full members have all voting rights and full privileges. Those 18 years of age or older have the right to hold office. Dues are \$20 per year. An initiation fee of \$10 is required per applicant.

**FAMILY** membership is available to all licensed Amateur Radio Operators who are immediate family members living in the same household as a full member. They have all the rights and privileges of full members. Dues are free – although an initiation fee of \$10 is required per applicant. Please indicate the call sign of the related family member on this application.

**STUDENT** membership is available to all licensed Amateur Radio Operators who are attending an accredited school, university or technical school on a full time basis. Dues are \$5 per year **under** 16 years old and \$10 **over** 16 years old. An initiation fee of \$10 is required per applicant.

**SENIOR** membership is available to all licensed Amateur Radio Operators who are not employed full time and are at least 60 years of age. Dues are \$10 per year. An initiation fee of \$10 is required per applicant.

**HANDICAPPED** membership is available to all licensed Amateur Radio operators who are physically impaired as recognized by a government agency. Dues are \$10 a year. An initiation fee of \$10 is required per applicant.

**ASSOCIATE** membership is available to any individual, organization, or corporation who desires to support the purposes of the Association. Associate memberships are available to **other than** Amateur Radio Operators. Associate members have **limited** club privileges. Dues are \$15 per year. An initiation fee of \$10 is required per applicant.

Family, student, senior and handicapped categories may require proof of eligibility and are required to pay a \$10 initiation fee per applicant.

Initial dues payment is determined by the type of membership and month in which you apply for membership. For example, if you apply for senior membership and current month is March; your dues payment is \$5 plus an initiation of \$10 per applicant. The dues year begins on Sep 1<sup>st</sup> each year.

Month of application: Sep, Oct, Nov Dec, Jan, Feb Mar, Apr, May Jun, Jul, Aug Initiation

Full	20	15	10	5	10
Family	0	0	0	0	10
Student under 16	5	4	3	2	10
Student over 16	10	7.50	5	2.50	10
Senior	10	7.50	5	2.50	10
Handicapped	10	7.50	5	2.50	10
Associate	15	11.25	7.50	3.75	10

Please provide all information requested below. A separate form and initiation fee is required for each applicant:

Name: \_\_\_\_\_ Call: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ List in WECA roster? (Y/n)\* \_\_\_\_\_  
 Work phone: \_\_\_\_\_ List in WECA roster? (Y/n)\* \_\_\_\_\_  
 Occupation: \_\_\_\_\_ List in WECA roster? (Y/n)\* \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 May we contact your employer for fund raising purposes (Y/n)? \_\_\_ Contact person? \_\_\_\_\_  
 Cell number: \_\_\_\_\_ List in WECA roster? (Y/n)\* \_\_\_\_\_  
 Email address: \_\_\_\_\_ List in WECA roster? (Y/n)\* \_\_\_\_\_  
 First name or "Nickname"  
 for name tag: \_\_\_\_\_ License class: \_\_\_\_\_ Lic Expiration date \_\_\_\_\_  
 Personal, non-commercial URL: \_\_\_\_\_ Skywarn Observer? (Y/n) \_\_\_\_\_  
 ARES member? (Y/n) \_\_\_\_\_ RACES member? (Y/n) \_\_\_\_\_ VE proctor? (Y/n) \_\_\_\_\_

\* = If left blank, then the information will be published in the membership roster.

The WECA "Bylaws" can be viewed at [www.weca.org/manuals/BYLAWSApril2001FINAL.PDF](http://www.weca.org/manuals/BYLAWSApril2001FINAL.PDF). Please visit the "download section" of the WECA website as new member publications will be added on an outgoing basis.

If applying for family membership, you **must** indicate the name and call of the full member:

Full member name: \_\_\_\_\_ Full member callsign: \_\_\_\_\_

**MEMBERSHIP CATEGORY SELECTED:** (Circle one and remit payment according to category)

FULL	FAMILY	STUDENT	SENIOR	HANDICAPPED	ASSOCIATE
		Dues amount	\$ _____		
	Each applicant's Initiation Fee		\$ _____	<b>\$10.00</b>	
	Total		\$ _____		

I agree to abide by the Articles of Incorporation, the Bylaws, the Rules, and Regulations as set forth by the Westchester Communications Association, and all FCC rules and regulations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Make your check payable to "Westchester Emergency Communications Association" (WECA). Please send the completed application and payment to:

Peter Johnson / N2TFC  
48 Faneuil Place  
New Rochelle, NY 10801

**Please allow four weeks for processing**

**04-10-2017**