

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. Yearly 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.

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. Family members must reside at the same address as the Full member.

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 1st for each year.

Join month:	Sep – Nov	Dec – Feb	Mar – May	Jun – 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. If you have any questions, please send email to Membership@Weca.Org.

Name: _____ Call: _____
 Address: _____
 City: _____ State: _____ Zip + 4: _____
 Home phone: _____ List in WECA roster? (Y/n) _____
 Work phone: _____ List in WECA roster? (Y/n) _____
 Cell number: _____ 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? _____
 Email address: _____ List in WECA roster?(Y/n) _____
 DMR ID _____ D-Star ID _____ Twitter ID _____
 First name / "Nickname" for name tag: _____ Lic class: _____ Lic Exp date _____
 Skywarn Observer? (Y/n) _____ ARRL Member (Y/n) _____
 ARES member? (Y/n) _____ RACES member? (Y/n) _____ VE proctor? (Y/n) _____

The WECA "Bylaws" can be viewed at 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	\$ _____	\$10.00	
		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:

WECA
 Peter Johnson / N2TFC
 48 Faneuil Place
 New Rochelle, NY 10801
Please allow four weeks for processing

Below for office use only _____

FCC FRN number _____ Email forwarding Grp # _____

Name tag ord # _____ Ver 11-12-2017 Funds received _____