

QUARTER CENTURY WIRELESS ASSOCIATION, INC.

C/o Charles Tropp, N2SO
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For Official Use Only
Membership No. _____
Date _____
First Licensed Year _____
Deposit Record _____

Fees Effective 3/1/2013

- New Application
- Renewal Application – Your original QCWA # _____

(Please Print Name Clearly)

(Nick Name)

(Current Call Sign)

As an amateur radio operator licensed for 25 or more years, and presently holding the call sign listed above, I hereby apply for membership in QCWA. It is not necessary to have been continuously licensed for the entire 25 years. I understand that proof of the original date of licensing is required. My complete mailing address is:

Street Number and Name _____ City _____ State _____ Zip Code + 4 /Postal Code _____

E-Mail Address (Very Important): _____
 (Please print clearly, and please do NOT use callsign@arrl.net or other alias e-mail addresses)

I will keep QCWA Headquarters advised of any changes in my mailing address, call sign and/or e-mail address.

Date of Birth: _____ Telephone Number: _____

I wish to become affiliated with QCWA Chapter: _____

First Call: _____ Year 1st Licensed: _____ Other Calls held: _____

Signature: _____ Date: _____

SCHEDULE OF MEMBERSHIP FEES

Select one of the following plan options with an X in box	Full Member	Family Member (Note: 1)
<input type="checkbox"/> ONE year QCWA dues	\$25.00	\$8.00
<input type="checkbox"/> TWO year QCWA dues	\$40.00	\$15.00
<input type="checkbox"/> THREE year QCWA dues	\$55.00	\$20.00
<input type="checkbox"/> LIFE Membership	\$500.00	\$160.00
<input type="checkbox"/> LIFE Membership With 4 Payment Installment Plan	\$520.00	N/A
(When paid in 4 equal installments within a 2 year period)	(4 payments of \$130.00)	
All payments must be in US dollars	ENTER TOTAL	\$

Digital Delivery of the eJournal is through the password-protected QCWA Members Only Website.

Note 1: A Family Member must qualify for QCWA Membership with their qualifications, and reside at the same address as the Primary Member.

Proposed by: _____ Call Sign: _____ QCWA #: _____