## FORM 109 Membership Application

Rev. 11/19/2024



☐ Check	Log Number: Date Received Membership Code Roster Updated Cash: Amount:	:	(This block is for Council use only)
Check	Cash: Amount.		

Name of Sponsoring Organization or Individual (no a	breviations please)	Check Box if Same as Trustee		
Repeater Call Sign	Frequency	Repeater Location (town-county)		
WPRC Final Coordination Log Number	Membership Ty FULL - (voting)	pe Is This Membership a  ASSOCIATE NEW REQUEST RENEWA		
Indicate Your Check # or Cash Please!	(This Membership: \$15.00	(This Membership: \$15.00) Total Enclosed:		
Name of Trustee Holding Coordination: Last, First, Mid	ddle	Trustee's Call		
Trustee Address				
City	State	Zip		
Trustee Email Address	Trustee	Phone Number		
Primary Repeater Representative		Secondary Repeater Representative		
Name: Last, First Same as Truste	e Name: l	Last, First (If None, please indicate)		
Call	Call	Telephone		
Email Address	Email A	ddress		
U.S. Mail Meeting Notifications Required Yes No	Trustee	Signature & Date (both required please)		

Dues are \$15.00 per represented repeater
Make checks payable to:
Western Pennsylvania Repeater Council
Please mail your application and payment to:

Paul Bidzilya - AB3PJ Treasurer/WPRC 284 Skyport Rd West MIfflin, PA 15122

Information / Forms can be obtained from the WPRC website: www.wprcinfo.org
The WPRC can be contacted by email: wprc@wprcinfo.org

Notice to multiple repeater owners:

If you wish to represent all, or some, of your repeaters, you may do so. You will have one vote for each dues paying representative. You may choose to appoint a representative for each of your other repeaters. Each of your representatives will have one vote at W.P.R.C. meetings that they attend. Written proxy votes are not allowed. If any information on this form conflicts with the Constitution of the W.P.R.C., the Constitution will be the prevailing document.