



**New Members should complete the following and continuing members should update anything that has changed since last year's application:**

Describe any radio equipment you currently have including HT, mobile and base station equipment, bands, power, etc.

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How did you learn about Midwest SSTRC, Inc.? \_\_\_\_\_

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Why do you wish to join Midwest SSTRC, Inc.? \_\_\_\_\_

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Training source(s) and contact information: \_\_\_\_\_

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Signing and submitting this application indicates you agree to allow your information to be used to perform background checks and that you fully understand MidWest SSTRC, Inc. (herein MidWest) may or may not approve your application and that MidWest has the right to revoke membership at any time. The MMF is nonrefundable except in the case of an application rejection. The MMF is not prorated. New and renewing members pay the full MMF regardless of when during the year the application is submitted.

Members must adhere to MidWest's Bylaws (as published in the Member's Section of the MidWest website), policies, and procedures in order to maintain membership. You agree and understand that MidWest members, officers, operators, and radio frequency providers are in no way responsible for the actions of the member. It is up to you, the member, to use common sense and good judgment at all times. You, the member, on your own, must insure your own safety. You further agree to hold MidWest, its Board of Directors and Officers, harmless against any and all claims.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use only:

MMF Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check #: \_\_\_\_\_

Application **NOT** approved: Date voted on by the Board of Directors \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MMF returned \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Application **APPROVED**: Date voted on by the Board of Directors \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Assigned MidWest number: \_\_\_\_\_ Level of Membership approved by the Board of Directors: Probationary Member OR Full Member

Level: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Info for ID given to ID Coordinator \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Application, MMF and background check information given to Treasurer \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_