



MidWest SSTRC, Inc.
Associate Membership Application for
Minors 2020

- 1. Fill out the application below
2. Attach a check payable to MidWest SSTRC Inc. for a \$10.00 Membership Maintenance Fee (MMF)
3. Bring to a general membership meeting usually held the 3rd Monday of each month. Check www.midwestsstrc.org to verify the next meeting date or mail application to:

MidWest SSTRC, Inc.
Membership Coordinator
P.O. Box 8763
Madison, WI 53708-8763

(Please PRINT and use ink or type)

Applicant Information

NAME: First Middle Initial Last Nickname for use on ID

ADDRESS: Street Address City State Zip

Home: ( ) Cell: ( ) Home e-mail:

DOB. / / Ham License Class Call Sign

Driver's License Number (if any): Issuing State:

How did you learn about Midwest SSTRC?

Why do you wish to join Midwest SSTRC?

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

Spotter training level (circle one) None Basic Advanced Certified

Training source(s) and contact information:

Parent or Guardian Information

NAME: \_\_\_\_\_  
First Middle Initial Last Maiden and/or other first/last names/aliases used

ADDRESS: \_\_\_\_\_  
Street Address City State Zip

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Home e-mail: \_\_\_\_\_ Work email: \_\_\_\_\_

DOB. \_\_\_\_/\_\_\_\_/\_\_\_\_ Ham License Class \_\_\_\_\_ Call Sign \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Work: \_\_\_\_\_  
Place of Employment Street Address City State Zip

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_

Signing and submitting this application indicates the applicant and parent/guardian agree to allow their 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 and parent/guardian, to use common sense and good judgment at all times. The parent/guardian acknowledges full responsibility to insure the safety of your child. By signing, the parent/guardian certifies that he/she has full authority to sign on behalf of the applicant and without any encumbrances of any court of competent jurisdiction. You jointly agree to hold MidWest, its Board of Directors and Officers, harmless against any and all claims.

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

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
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: \_\_\_\_\_ Board approval Y / N Info for ID given to ID Coordinator \_\_\_\_/\_\_\_\_/\_\_\_\_

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