Membership Application:

Name: . . . . . .

Address: . . . . . .

. . . . . .

. . . . . Postal Code . . . . . .

Phone numbers:

Home . . . . . .

Cell . . . . . .

Work . . . . . .

Email address: . . . . . .

I would like to receive the WhiStle Radio e-newsletter and updates

I would like to receive notices of meetings by: email
traditional mail

Please inform WhiStle Radio of any changes to your contact information

Type of Membership: Individual @ $20.00 per year
Corporate @ $50.00 per year

I am renewing my membership

In addition, I would like to include a donation of $ . . . . . .

I would like to be a volunteer for WhiStle Radio

Areas of Interest: . . . . . .

. . . . . .

Date: . . . . . Signature: . . . . . .

Payment by: . . . . . .

Privacy statement: *Personal information collected on this form will be used solely for the purpose of administering membership and volunteer co-ordination.*