

# West Bengal Radio Club (Amateur Club)

Call Sign – VU2MQT. E-mail : [vu2mqt@gmail.com](mailto:vu2mqt@gmail.com).

'Sodepur High School (H.S.)', Station Road, P.O. – Sodepur, Pin Code 700110, District – 24 Parganas (N), West Bengal, India.



## Membership Application Form

Member Type: Life Member  Member  Associated Member

### General Information:

Name (CAPS)	<input type="text"/>		
Nick Name	<input type="text"/>		
Father's Name	<input type="text"/>		
Gender	<input type="text"/>	Date of Birth	<input type="text"/>
Occupation	<input type="text"/>	Nationality	<input type="text"/>

### Communication Information:

Present Address	<input type="text"/>					
Police Station	<input type="text"/>	Pin Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address	<input type="text"/>					
Mobile No.1	<input type="text"/>	Mobile No.2	<input type="text"/>			
Land Line No.	<input type="text"/>	E-mail ID	<input type="text"/>			

### HAM Information:

Call Sign	<input type="text"/>	*License No.	<input type="text"/>	Date of Issue	<input type="text"/>
Date of Renewal	<input type="text"/>	Do you holding any HAM Equipment, give details			<input type="text"/>
<input type="text"/>					
If you are a member of any other Amateur Radio-Organisation, please give details		<input type="text"/>			
*(Pls. enclose photocopy of your Amateur License & copy of last renewal with self attestation)					

### Medical Information:

Blood Group	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>
Any Chronic Disease	<input type="text"/>	Identification Mark	<input type="text"/>		
Physically Challenged	<input type="text"/>	Allergy of Medicine	<input type="text"/>		

### Identification Information:

Voter Identity Card No.	<input type="text"/>	Pass Port No.	<input type="text"/>
Driving License No.	<input type="text"/>	Other (If any)	<input type="text"/>

### Declaration by the Applicant:

I agree to obey the rules & regulations of the organization (WBRC) and also accept to pay the prescribed subscription, to abide by the Articles of the Organization.

.....  
Signature of official  
Date & Place :

.....  
Signature of the Applicant  
Date & Place