



NOTE: This form can be completed by typing information into the form fields below and then save or print with the entered info. Or, print blank form and complete by hand.

Western Public Service System

MEMBERSHIP DUES RENEWAL APPLICATION



Dues are \$15.00 per year. You may pay for multiple years when joining or renewing. New members pay an additional \$2.00 initiation fee for the first year.

If you fail to renew your membership by the due date (JANUARY 10th) you will be required to pay the \$2.00 initiation fee when renewing (\$15.00/year + \$2.00).

Associate membership is for spouses, children or military personnel living at the same address as the member. Associate member dues will be \$5.00 per year. No initiation fee is required.

New Members: Dues for new members shall be payable as listed below. An initiation fee of two dollars (\$2.00) shall be charged each new member upon joining the organization.

NOTE: Use of the Credit Card Page entails an additional \$1.00 Electronic Processing Fee
You can avoid the Electronic Processing Fee by 'snail mailing' your payment to the Treasurer

Date Membership Initiated Dues for First Year of Membership

January through June:	Full annual dues are payable upon joining	(\$15.00 + \$2.00)
July through September:	1/2 of the full annual dues upon joining	(\$7.50 + \$2.00)
October through November:	1/4 of the full annual dues upon joining	(\$3.57 + \$2.00)
December	No dues for current calendar year if the application is accompanied with dues for the subsequent year	

If it is time to renew, your dues are \$15.00. You can renew or rejoin now by sending your dues to the Treasurer Michael W7HUT. If unsure about your membership status, check the website member listing or you can e-mail Michael at: michael@rangefire.com

Make Check payable to:
Western Public Service System
Send membership renewal/dues to:

Michael Ditmore- W7HUT, Treasurer
11608 Arrow Point NE,
Bainbridge Island, WA 98110



Western Public Service System

Membership Dues Renewal Application

MEMBERSHIP: New Renewal **MEMBERSHIP TYPE:** Regular Associate

Name Call Sign License
Please Print

Address City State Zip

Birth Date: Month Day

CONTACT INFORMATION (NOT PUBLISHED)

Email Phone