

WOOSH Membership Application/Renewal

(Please complete all applicable fields and then print)

JSIM							
New Application or Renewal (select one):				olication	🗌 - Re	newal	
Membership Type: 🗌 - Junior (< 21) \$5.00				- Senior (21+) \$20.00 🛛 - Family \$25.00			
		Primary Mem	ber				
First Name:			Last Name:				
Street Addr	ess:						
City:			State:		Zip:		
Email Address:				🗌 - Join WOOSH Email Group			
Cell Phone	#:						
Birthdate (mm/dd/yyyy):						
NAR #				TRA #			
High Power Certification Level:				- Level 1 🗌 - Level 2 🔲 - Level 3			
	Add	itional Family N	Member	s			
Relation	First Name	Birthdate (mm/dd/yyyy)		NAR / Tripoli Membership #		High Power Cert Level	
Spouse			,	NAR #			
				TRA #			
Child				NAR #			
				TRA #			
Child				NAR #			
				TRA #			
Child				NAR #			
				TRA #			
Child				NAR #			
				TRA #			
Child				NAR #			
				TRA #			
Please ma	ke check payable to WOOSH and	d mail your app	lication	together with	payment t	0:	

WOOSH C/O Carl Riley, 12052 257th Ave, Trevor, WI 53179