

**THE BLUE RIDGE WEATHER WATCH  
APPLICATION FOR MEMBERSHIP**

DATE: \_\_\_\_\_

CALL SIGN \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_

NAME: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
LAST FIRST M/I

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

OTHER PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SKYWARN TRAINING: \_\_\_\_ ( ) BASIC, \_\_\_\_ ( ) ADVANCED \_\_\_\_ ( ) RADAR

OTHER WEATHER TRAINING IF ANY: \_\_\_\_\_

TYPE OF EMPLOYMENT: \_\_\_\_\_

HOURS YOU WORK: \_\_\_\_\_ REQUEST BRWW EMAIL ADDRESS

PERSONAL REFERENCES: (MUST BE AMATEUR RADIO OPERATORS)

NAME: \_\_\_\_\_ CALL SIGN: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME: \_\_\_\_\_ CALL SIGN: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME: \_\_\_\_\_ CALL SIGN: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

IF I AM ACCEPTED AS A MEMBER I WILL UPHOLD AND FOLLOW THE RULES, BY-LAWS &  
CONSTITUTION THAT HAVE BEEN ADOPTED BY THE BLUE RIDGE WEATHER WATCH ORGANIZATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Date accepted into membership: \_\_\_\_\_