

# MEMBERSHIP APPLICATION



**Name:** \_\_\_\_\_

**Rank/Rate:** \_\_\_\_\_ **Duty Status:** \_\_\_\_\_ **ZUT NR:** \_\_\_\_\_

**Date of Birth (dd/mm/yyyy):** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

If you have previous been issued a ZUT#, but don't remember it, check here: \_\_\_\_\_

If you have never been issued a ZUT#, check here: \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Fone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Ham C/S:** \_\_\_\_\_

**Qualifications:** (List where and when you served as a CW operator for the Coast Guard)

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**I was referred for membership by:** \_\_\_\_\_

**Membership qualifications are simple:** You must have been a Coast Guard CW operator. Initial membership is \$ 30 for the year you joined, and includes an annual membership directory and a Comm-One newsletter subscription for the year you joined. Continued subscription to Comm-One is \$30 a year, payable in January. Associate membership is offered to other professional and military CW operators at the same rates. This completed application, along with a \$ 30 check or money order made payable to Coast Guard CW Operators Association , should be mailed to:

**COAST GUARD CW OPERATORS ASSOCIATION**  
ANDY SCHARF, CWO2(COMM), USCG-RET  
2015 NW TAYLOR ST -- TOPEKA, KS 66608-1940