

December 2016



**Western Washington
Medical Services
Emergency
Communications**

Contact Information:
WWMSEC
PO Box 15624
Seattle, WA 98115
(206) 954-4099
n7lsl@arrl.net
www.ww7mst.org

Dear Medical Services Team Volunteer,

Your participation as a volunteer in the Western Washington Medical Service Communications Team is increasingly being recognized as an essential part of our region's ability to respond effectively to disasters and mass casualty events. Emergency planners are counting on us as an essential part of the communications infrastructure. We are an important link in the regional and nation-wide efforts to respond to medical disasters and threats to our security. Thank you so much for your efforts.

We hope you will continue your participation. In addition, we hope you will consider becoming a fully participating, dues-paying and voting member of the Western Washington Medical Service Communications Team. Your efforts as a volunteer are the most important contribution you can make, but we must also ask as many as possible to pay dues to cover our organizational expenses. These are examples of some of the activities your contribution will help fund:

- ◆ Support to maintain and expand our repeater system
- ◆ Mailings – newsletters, training materials
- ◆ Training and exercise expenses
- ◆ An ever-improving website
- ◆ Grant applications to improve our capabilities
- ◆ Improved support for digital operations

Please fill out the form below and return it to us in the enclosed envelope as soon as possible. **If you cannot pay the dues at this time, please send in the form anyway** – we want you to continue as a volunteer. If you have already paid your dues, THANK YOU! If you have questions: email – ww7mst@comcst.net; or call -- 206-954-4099 website -- www.ww7mst.org.

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Make checks payable to: **WWMSEC**
Mail to: **20730 SE 293rd St., Kent, WA 98042-6885**

- \$25 Supporting member
- \$15 Full voting Membership
- \$10 Associate/Low -income member (non-voting)
- \$_____ Donation
- Can't pay now, but I still want to be on the team (**Please return the form.**)

Date: _____

Name: _____ Call sign: _____

Street address: _____

City: _____ County: _____

State: _____ Zip: _____

E-mail address: _____

Current assignment (if known): _____

Comments (specific interests; training requested; recommendations, etc.):

WWMSEC is a REGISTERED NON-PROFIT
5.01(C)3 CORPORATION
DONATIONS MAY BE TAX DEDUCTIBLE
Non-profit IRS 91-1869349

This is a NEW address