



**Metro St. Louis Storm Chaser's Association
57 Fawn Oaks Drive
O'Fallon, MO 63366**

www.stlchasers.com

APPLICATION FOR MEMBERSHIP

- MEMBER (\$35.00) PER APPLICANT (NOT GROUP)**
 ASSOCIATE MEMBER (\$25.00) PER APPLICANT (NOT GROUP)
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-

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

EMAIL: _____

AFFILIATIONS: _____

PERSONAL/BUSINESS WEBSITE: _____

HAM RADIO CALL SIGN: _____ **HAM RADIO LICENSE EXP:** _____

HOW LONG HAVE YOU BEEN STORM SPOTTING/CHASING? _____

DATE OF LAST SPOTTER CLASS: _____ **NWS SPOTTER ID #:** _____

**DO YOU HAVE ANY FORMAL TRAINING IN METEOROLOGY OR
FORECASTING? IF SO LIST BELOW:**

**WILL YOU BE WILLING TO PARTICIPATE AT OUTSIDE ASSOCIATION
FUCNTIONS? _____**

**WILL YOU BE WILLING TO TEACH CLASSES IN FORECASTING TO OTHER
MEMBERS OR BE WILLING TO TEACH ABOUT SEVERE WEATHER TO THE
GENERAL PUBLIC? _____**

PAYMENT INFORMATION

**YOUR COMPLETED APPLICATION MUST BE ACCOMPANIED BY CASH, CHECK
OR MONEY ORDER PAYABLE TO THE “METRO ST. LOUIS STORM CHASER’S
ASSOCIATION”**

**VISA AND MASTERCARD ARE ALSO ACCEPTED. PLEASE DOUBLE CHECK
YOUR CREDIT CARD NUMBER AS INCORRECT INFORMATION WILL DELAY
THE PROCESSING OF YOUR APPLICATION.**

CHECK OR MONEY ORDER ENCLOSED FOR \$ _____

SIGNATURE: _____

**MY SIGNATURE ATTESTS THAT, TO THE BEST OF MY KNOWLEDGE, I MEET
THE REQUIREMENTS (IF APPLICABLE) FOR THE MEMBERSHIP GRADE I HAVE
REQUESTED AND THAT INFORMATION I HAVE FURNISHED ABOVE IS
COMPLETE AND ACCURATE. I FURTHER AGREE TO SUPPORT THE
OBJECTIVES OF THE ASSOCIATION AND DO HEREBY AGREE TO ABIDE BY
THE CONSTITUTION AND BYLAWS OF THE “METRO ST. LOUIS STORM
CHASER’S ASSOCIATION”**

DATE : _____ SIGNATURE: _____

OFFICE USE

**APPROVED: _____ DENIED: _____ DATE: _____
MEMBER ID #: _____**