

APPLICATION FOR MEMBERSHIP - LAKESHORE REPEATER ASSOCIATION, INC. 2007

RENEWALS PLEASE NOTE: YOUR MEMBERSHIP EXPIRES AT THE END OF THE YEAR. TO BE SURE YOUR NAME IS ON THE ROSTER AT OUR JANUARY MEETING, RETURN THIS FORM W/CHECK OR BRING IT TO THE JANUARY 30th MEETING.

**Other Meeting dates April 24, July 31, Oct 30
Please mark your calendars or visit website <http://www.kr9rk.org>**

You may cut here to retain top portion for your records.

(PLEASE PRINT AND FILL IN ALL BLANKS ON ENTIRE PAGE)

BOTH SYSTEMS (VHF AND UHF) ARE AVAILABLE TO OUR MEMBERS FOR THE SAME FEE

MEMBERSHIP STATUS: NEW _____ RENEWAL _____ Newly Licensed in 07? Y /N Today 's DATE _____ / _____ /2007

Full Name _____ Address _____

City _____ State _____ ZIP _____ Home Phone _____

E Mail Address _____ License Class _____ Call Sign _____

ARRL Member? Yes _____ No _____ Type of Membership Desired (See Explanation) _____

Amount Enclosed _____ If Family Membership; list other Family Members (with call signs) to be included:

- FULL MEMBERSHIP: Full participation, all facilities and services - - - - - \$20.00
- RETIREE MEMBERSHIP: Persons 62 or older, same privileges as full - - - - - \$15.00
- ASSOCIATE MEMBERSHIP: 62 or older, or live outside of Racine or Kenosha cannot vote or hold office - - - - - \$10.00
- FAMILY MEMBERSHIP - LICENSED MEMBERS of Household where head of Household is a full member - - - - - FREE

I hereby agree to fully abide by the Constitution and By-Laws of this Association and the Code of Ethics adopted. In the event of revocation of my membership under the By-Laws, I agree to relinquish any and all claims against the Association of any kind or nature whatsoever.

Signature _____

MAKE CHECKS PAYABLE TO THE LAKESHORE REPEATER ASSOCIATION, INC.
MAIL TO: TREASURER - P.O. Box 327, Franksville, WI 53126

(Secretary's Copy)

(Treasurer's Copy)

MEMBERSHIP STATUS: NEW _____ RENEWAL _____ DATE _____

Full Name _____ Address _____

City _____ State _____ ZIP _____ Home Phone _____

E Mail Address _____ License Class _____ Call Sign _____

ARRL Member-Yes _____ No _____ Type of Membership Desired (See Explanation) _____

Amount Enclosed _____ If Family Membership, List other Family Members (with call signs) to be included:
