



Application for Membership KR9RK Lakeshore Repeater Association, Inc.

Please print clearly and fill 3 Repeaters (UHF DMR, U		alog) are all available to our members.	
Membership Status: New_changed for renewals	OR Renewal	_ (Check One) please update any information that h	ıa
Today's Date/	// all membe	erships expire on December 31st yearly	
* Full Name :		(required new)	
Address		(required new)	
City	(required no	ew)	
State	ZIP	(required new)	
Phone #	(recomme	ended)	
E Mail Addresschanged)		(required new and renewal if	
License Class	Call Sign	(required new and renewal)	
1 year Membership Amount Enclosed \$address only:	9 = \$25.00 OR5 If Family Memb	full Years of Membership =\$100.00 (Circle One) ership; list other household Family Members at sam	e
Name	_	_Call Sign	
Name		_Call Sign	
Name	Call Sign		
I hereby agree to fully abide be the event of revocation of my Association of any kind or nat	y the Constitution and By-L membership under the By-L ture whatsoever.	erly Meeting will be carried over to the next year as paid. aws of this Association and the Code of Ethics adopted. In aws, I agree to relinquish any and all claims against the	
Signature X			

Make checks Payable to the "LAKESHORE REPEATER ASSOCIATION, INC, MAIL TO: **TREASURER - P.O. Box 327, Franksville, WI 53126** You can renew in person by attending our January meeting, Please visit our calendar at **www.KR9RK.org** for meeting dates and times.