



## Application for Membership KR9RK Lakeshore Repeater Association, Inc.

Please print clearly and fill in all that applies below: 3 Repeaters (UHF DMR, UHF Analog and VHF Analog) are all available to our members. Membership Status: New OR Renewal (Check One) please update any information that has changed for renewals Today's Date\_\_\_\_/\_\_\_/ all memberships expire on January 31<sup>st ea calendar year</sup>. \* Full Name: (required new) Address \_\_\_\_\_ (required new) City\_\_\_\_\_ (required new) State ZIP (required new) Phone #\_\_\_\_\_\_ (recommended) changed) License Class \_\_\_\_\_ Call Sign \_\_\_\_\_ (required new and renewal) 1-year Membership =\$20.00 (\$25.00 begins 2-1-2019) **OR 5 full Years Membership** =\$100.00 (Circle Amount Enclosed \$\_\_\_\_\_ If Family Membership; list other household Family Members at same address only: Name Call Sign Name\_\_\_\_\_Call Sign\_\_\_\_\_ Call Sign \*All new memberships paid on or after the October Quarterly Meeting will be carried over to the next year as paid. 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.

Make checks Payable to the "LAKESHORE REPEATER ASSOCIATION, INC, MAIL TO:

Signature X \_\_\_

**TREASURER - P.O. Box 327, Franksville, WI 53126** You can renew in person by attending our January meeting, Please visit our calendar at **www.lakeshorerepeater.org** for meeting dates and times.