

**APPLICATION FOR MEMBERSHIP - LAKESHORE REPEATER ASSOCIATION, INC.**

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 \_\_\_\_\_

Today's DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

FullName \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

E Mail Address \_\_\_\_\_

License Class \_\_\_\_\_ Call Sign \_\_\_\_\_

Type of Membership Desired: Full \_\_\_\_\_ Retiree \_\_\_\_\_ Family \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ If Family Membership; list other Family Members

Name \_\_\_\_\_ Call Sign \_\_\_\_\_

Name \_\_\_\_\_ Call Sign \_\_\_\_\_

Name \_\_\_\_\_ Call Sign \_\_\_\_\_

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FULL MEMBERSHIP: Full participation, all facilities and services----- \$20.00  
RETIREE MEMBERSHIP: Persons 62or older, same privileges as full----- \$15.00  
FAMILY MEMBERSHIP - 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

You can renew in person by attending our January meeting, please visit our calendar at [www.kr9rk.org](http://www.kr9rk.org) for meeting dates and times.