

**RED ROSE REPEATER ASSOCIATION, INC.**  
**MEMBERSHIP APPLICATION**  
(Please Print)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Call: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_-

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

My Speed Dial Number Is: \_\_\_\_\_ for phone number: \_\_\_\_\_

FREE SPEED DIAL for local calling area only (if other than home number): \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Internet E-Mail Address: \_\_\_\_\_

Please check the appropriate boxes below and mail the completed application with the indicated annual dues to:

**RED ROSE REPEATER ASSOCIATION, INC.**  
**P.O. BOX 8316**  
**LANCASTER PA 17604-8316**

ANNUAL DUES (Our membership year is March 1, to March 1).

\$ 20.00 for  New  Renewal - **FULL Membership** (Open to all licensed amateurs, Novice thru Extra).

\$ 8.00 for  New  Renewal - **FULL Membership** for EACH ADDITIONAL FAMILY MEMBER.  
Limited to amateurs residing in the same house hold as FULL Member,  
such as Husband and Wife - son or daughter.

Name: \_\_\_\_\_ Call: \_\_\_\_\_

\$ 8.00 for  New  Renewal - **ASSOCIATE Membership** - (Limited to amateurs **NOT RESIDING**  
in Lancaster County or any person with only a Novice License).

PLEASE CHECK THE APPLICABLE BOXES BELOW

License Class		Organization		Operating Facilities by band								
				Memberships	Band	CW	SSB	FM	PACKET	AM	\ PK	\ TOR
You	Spouse	You	Spouse	160Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extra	<input type="checkbox"/>	<input type="checkbox"/> ARRL*	<input type="checkbox"/>	80Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Advance	<input type="checkbox"/>	<input type="checkbox"/> LRTS	<input type="checkbox"/>	40Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> General	<input type="checkbox"/>	<input type="checkbox"/> EARS	<input type="checkbox"/>	30Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tech. PLUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Novice	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	10Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> _____	<input type="checkbox"/>	6Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> _____	<input type="checkbox"/>	2Mtrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> _____	<input type="checkbox"/>	220Mhz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATV	<input type="checkbox"/>	<input type="checkbox"/>
				440Mhz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				902Mhz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				1215Mhz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Qualified Volunteer Examiner  
Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This form can be obtained from the club web site at [www.qsl.net/rrra](http://www.qsl.net/rrra)  
\*Note - this information needed to apply for ARRL club affiliation.  
revised DEC 2000: mydocuments/memapp00.pub