

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"/>	<input type="checkbox"/>	<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
*Note - this information needed to apply for ARRL club affiliation.
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