

ROCHESTER RADIO REPEATER ASSOCIATION, INC.



New Membership Application

Please Fill out, Print & Mail

Name: _____

Call: _____

Address: _____

License Class: **N** **T+** **G** **A** **E**

City: _____ **State:** ____ **Zip:** _____

E-mail address: _____

Please provide your email address to receive club updates from K2rra.org (We keep it confidential)

*Annual dues are only \$10 plus a \$5.00 expense surcharge (\$15 Total)
Additional family members are only \$1 each.*

Enclosed is \$ _____ **Annual dues plus expense assessment for myself**

ARRL Member (Y / N) Date License expires: _____

Enclosed is \$ _____ **Annual dues for each Ham in my family.**

For Each Additional Licensed Family Member:

Name: _____ **Call:** _____ **ARRL Member** **Y** **N** **License Class** **N T. T.+ G A E**

Name: _____ **Call:** _____ **ARRL Member** **Y** **N** **License Class** **N T. T.+ G A E**

Name: _____ **Call:** _____ **ARRL Member** **Y** **N** **License Class** **N T. T.+ G A E**

Name: _____ **Call:** _____ **ARRL Member** **Y** **N** **License Class** **N T. T.+ G A E**

Name: _____ **Call:** _____ **ARRL Member** **Y** **N** **License Class** **N T. T.+ G A E**

Comments:

(The following information is optional, but important emergency information.)

Telephone: _____ **Home:** _____ **Work:** _____

Mail to: RRRA, INC. 5 ROSEWOOD TER ROCHESTER, NY 14609