

Baraga County Repeater Association Membership Form

	Application Type: New	[] Renewal []	
Name:	Call Sign:		
Address Line 1 _			
Address Line 2 _			
City		State:	Zip
Phone Numbers (optional) Home: Cell:			ell:
Email Address:			
License Class:			
Type of Application	on:		
	mber (\$20 per year)		
	(non licensed / non v	•	•
	mber (\$2.00) [] S	• •	•
	donate to help offset		
Additional memb	ers in the same famil	ly (non-voting \$2.00,	voting \$20.00)
Name Call Sign C	lass		
Are you on ADDI	Mambar2 (V/N) F		
Are you an ARRL	. Member? (Y/N) []	J	

This form can be mailed to

16816 SKANEE ROAD L'ANSE MI 49946