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(Checks may be made payable to RRRRA)

Send application form and check to:

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**RIVER RAISIN REPEATER ASSOCIATION, INC.**  
3499 Shadywood Drive, Lambertville, MI 48144



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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

ARRL Member (y/n)? \_\_\_\_

Phone \_\_\_\_\_

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

Membership: ( \$20.00)

Donation (optional) \_\_\_\_\_

Total Enclosed: \_\_\_\_\_

