

WOODFORD COUNTY REPEATER ASSOCIATION

K9WRA

MEMBERSHIP APPLICATION					
APPLICANT INFORMATION: (PLEASE CIRCLE ONE) NEW RENEWAL					
Name:					
Current address:					
City:		State:		ZIP Code:	
Email:		Callsign:		License class:	
Phone:		Cell:		Work phone:	
TYPE OF MEMBERSHIP					
Please check one	Individual - \$20 yearly		Family - \$25 yearly		
ADDITIONAL INFORMATION IF JOINT MEMBERSHIP					
Name:					
Email:		Callsign:		License Class	
Name:					
Email:		Callsign:		License Class	
HOW TO PAY:					
<p>PLEASE MAKE CHECK PAYABLE TO WCRA IN THE AMOUNT OF \$20 FOR A SINGLE MEMBERSHIP OR \$25 FOR A HOUSEHOLD MEMBERSHIP. MAIL THIS COMPLETED REGISTRATION FORM AND YOUR CHECK TO:</p> <p>ROGER STUDER 1637 COUNTY ROAD 1500N ROANOKE, IL 61561</p>					