

# ILLINOIS REPEATER ASSOCIATION

## MEMBERSHIP INFORMATION

FILING STATUS: NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ DATA CHANGE

\* SPONSOR'S NAME:

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ -

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ WORK TELEPHONE: (\_\_\_\_) \_\_\_\_\_

RPTR CALLSIGN: \_\_\_\_\_ TRUSTEE NAME: \_\_\_\_\_

RPTR LOCATION: \_\_\_\_\_

INPUT FREQ(S): \_\_\_\_\_ OUTPUT FREQ(S): \_\_\_\_\_

PRIMARY IRA DELEGATE NAME: \_\_\_\_\_ CALLSIGN: \_\_\_\_\_

ALTERNATE IRA DELEGATE: \_\_\_\_\_ CALLSIGN: \_\_\_\_\_

***FILL IN THIS SECTION IF INFORMATION IS DIFFERENT FROM THAT LISTED ABOVE.***

\* PERMANENT CONTACT: \_\_\_\_\_ CALLSIGN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ -

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

I certify that I/we have read the Illinois Repeater Association By-Laws and that I/we qualify for membership and will abide by the terms of these by-laws.

\_\_\_\_\_  
CALLSIGN TITLE SIGNATURE  
(Individual Sponsor / Group Representative) (Trustee, Pres., Etc.)

DATE: \_\_\_\_\_

\* NOTE: May be a club, group, or an individual.

**PLEASE SEND COMPLETED FORM TO: IRA SECRETARY / TREASURER**

Larry Schroeder KA9KDC -- 0 N 490 Evans Ave. -- Wheaton, IL 60187

IRA USE ONLY: Frequency Coordination(s) On File? \_\_\_\_\_

Original Year Joined IRA \_\_\_\_\_ Continuous Membership? \_\_\_\_\_

Current IRA Dues of \$ 12.00 Paid on \_\_\_\_\_

Entered in Database \_\_\_\_\_ By \_\_\_\_\_