

Syracuse, NY 13220-5623

Liverpool Amateur Repeater Club, Inc.

Membership application:	New Member]	Renewal Member		
Date:				
Name:Call sign				
Address:				
City:	State:	Zip:_		_
Phone: (optional)				
E-Mail:				
LARC members	s may have family members	join for an additional	\$2.00 each	
Family member Name:				
LARC Membership Fees: \$15.00 per membership	otos, in which I appear at o, includes e-mailed newslet or older) includes e-mailed r	t ham related events	s, to be published	d(Y/N
\$5.00 for student memb	pership (through high school grey scale copy of newslette			
	Mailed 1	Membership: family member(s): printed newsletter:	\$	_
I would	like to make an additional d	onation to LARC:	\$	_
If paying by check, please mal	ke check payable to LARC	Total Enclose	ed \$	
Give this form and your payme	ent to the LARC Membersh	iip Chairperson or mai	11 to:	
Liverpool Amateur Repeater PO Box 5623	r Club, Inc.			