

**Central Indiana Repeater Assn. MEMBERSHIP FORM**

**NAME:** \_\_\_\_\_ **CALL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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

**E-MAIL ADDR:** \_\_\_\_\_

**ASSOCIATE (\$6.00)**

**FULL/FAMILY (\$12.00)** Includes voting rights

**NOTE:** All information is strictly confidential and is  
NEVER released to anyone.

*Make check payable to C.I.R.A.*

**Mail to: C.I.R.A. DUES  
C/O Jim Keeth-AF9A  
7857 Sunset Lane  
Indianapolis, In. 46260**