

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 Robert Blake - Treasurer
11064 Indian Lake Blvd.
Indianapolis, In. 46260**