

WA6TEM REPEATER SIGNUP

NAME: _____

SHOW IN ROSTER ?

ADDRESS: _____ (Y-N)

CITY: _____

CALL SIGN: _____

EMAIL ADDRESS: _____
_____ (Y-N)

PHONE NUMBER: _____ (Y-N)

AUTODIAL SLOT PHONE NUMBER: _____ : _____ (Y-N)

MAKE CHECKS PAYABLE TO: **DIANNA STRACHAN**

MAIL TO: **CHARLIE c/o LAC**
1250 AVIATION AVE. SUITE 110
SAN JOSE, CA. 95110
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