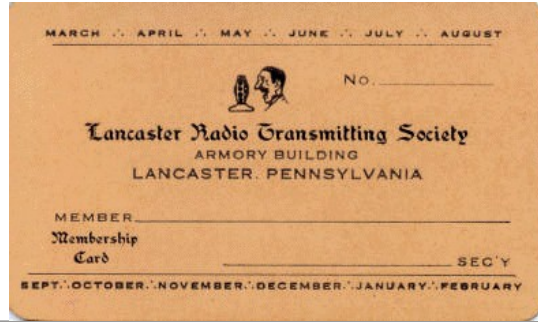


**LANCASTER RADIO TRANSMITTING SOCIETY, INC.
MEMBERSHIP APPLICATION**



APPLICANT INFORMATION

Name:		
Date of birth:	Call Sign:	License Class:
Current address:		
City:	State:	ZIP Code:
Phone:	Alt. Phone:	
E Mail Address:		
Member of ARRL: Yes No		

INTERESTS:

What bands do you currently use:		

Signature of applicant	Date
Signature of co-applicant, if family membership:	Date
Signature of co-applicant, if family membership:	Date
Please Enclose \$30 for a Regular Membership or \$45 for a Family Membership	
Please Return this form with your dues to: LRTS c/o Matt Frey PO BOX 269 East Petersburg, PA 17520	