



KEYSTONE VHF CLUB
W3HZU
MEMBERSHIP RENEWAL FORM

Full Membership \$25 Associate Membership (repeater support) \$20

NAME: _____ CALLSIGN _____ ARRL Y or N

FAMILY MEMBERSHIP \$6.25 per family member

NAME: _____ CALLSIGN _____ ARRL Y or N

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Make checks payable to: **Keystone VHF Club Inc.**
Mail to: **PO Box 20143**
York, Pa. 17402-0140

IF any CHANGES to the following,
Provide new info for update to the members database:

License Class: _____ License Expires: _____

E-Mail: _____

Phone: _____ - _____

Address: _____

City: _____ State: _____ Zip: _____