Lehigh County RACES Application Form

Name:							Call;						
Address:	·												
City:						State:				Zip:			
Business Phone: Home Pho						one: C			Cell #:	ell #:			
County:						License Class:							
	160	80	40	20	15	17	12	10	6	2	220	4	
CW													
FM													
SSB													
Mobile													
ICS cou	ırse(s):	[]	CS 100)		[]	ICS 700	(Ch	eck all	that a	apply)		
Can your	r home o vhat ban	perate v ds?	vithout c	ommerc	ial powe	r? [] yes [] no				-	
Signed:							Date:						

MAIL TO: Bruce Bobo (KB3FIH) 402 4th Street Whitehall, PA 18052-6448

