

SAN DIEGO REPEATER ASSOCIATION (SANDRA)

SANDRA BADGE ORDER FORM

CALLSIGN TO BE IMPRINTED ON BADGE:

FIRST NAME TO BE IMPRINTED ON BADGE:

REQUIRED INFORMATION:

Your Name: _____

Your Address: _____

Your City,State,Zip _____

Your Email: _____

Your Phone: _____

Please send this form and a check for \$9.00 made out to **SANDRA Inc.** and mail to:

SANDRA, Inc.

P.O Box 81103

San Diego, CA 92138

SANDRA use only: Date Received: _____ Check #: _____ Badge # _____