



# 20/9 Membership Information



4939 E. Radio Rd. Austintown, OH 44515

[www.20over9.org](http://www.20over9.org)

[k8tkanews@hotmail.com](mailto:k8tkanews@hotmail.com)

Please check one: Individual (\$15) \_\_\_\_\_ Family (\$20) \_\_\_\_\_

Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ License Class (if applicable) \_\_\_\_\_

## Additional Family (if selecting \$20)

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Call Sign: \_\_\_\_\_ Birth Date: \_\_\_\_\_

License Class (if applicable) \_\_\_\_\_

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Call Sign: \_\_\_\_\_ Birth Date: \_\_\_\_\_

License Class (if applicable) \_\_\_\_\_

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Call Sign: \_\_\_\_\_ Birth Date: \_\_\_\_\_

License Class (if applicable) \_\_\_\_\_

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Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Call Sign: \_\_\_\_\_ Birth Date: \_\_\_\_\_

License Class (if applicable) \_\_\_\_\_

**\*\*\* Newsletter Preference: \_\_\_\_\_ Email \_\_\_\_\_ Postal Mail \*\*\***

(Please mark how you would like to receive your newsletter either email or via the postal mail service  
Additional Family members may also receive the newsletter by email if they would like. Please list their Email  
under their information)