



20/9 Membership Information



www.qsl.net/20over9

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)

Name: _____ Relation: _____

Call Sign: _____ Birth Date: _____

License Class (if applicable) _____

Name: _____ Relation: _____

Call Sign: _____ Birth Date: _____

License Class (if applicable) _____

Name: _____ Relation: _____

Call Sign: _____ Birth Date: _____

License Class (if applicable) _____

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)