

K9WZ REPEATER
MEMBERSHIP APPLICATION FORM
rev 11/15/2002

PRIMARY MEMBERSHIP: \$ 25.00 PER YEAR

Entitles you to all the privileges of membership- including an autodial slot and inclusion on the mailing list. All paperwork is sent to you regarding membership status. At least the first person to join from a family must join at this level.

ASSOCIATE FAMILY MEMBER: \$ 10.00 PER YEAR

Available only to the family members of a Primary Member, living at the same address. Membership allows family members to use the repeater. Since no additional user number, DVR slot, or autodial number will be issued to the Associate Family Members, they will have to use those items issued to their Primary Member.

Primary Member (Must have at least one Primary Member to Join the Repeater Group)

Name: _____ Call Sign: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Number you want in autodial slot if not same as above: _____

Email Address _____

Associate Family Members: (Living at the same address as Primary member) \$10.00 per person

Name and Call : _____

Checks should be made out to **WAYNE ZEHNER JR.**

Send the completed form and check to this address:

K9WZ Repeater Secretary / Treasurer
111 West Marion St.
Mishawaka, In 46545 6117