



Xenia Weather Amateur Radio Net (XWARN) Membership Form

Date: _____

Name: _____

Call Sign: _____

License Class: Novice Technician Advanced General Extra

Street Address: _____

City, State, Zip: _____

Email Address: _____

Email Reflector: Yes No

Home Phone: _____

Cell Phone: _____

Family Members: _____

(Same Household)

Paid: Yes No

Payment Method: Meeting Mail PayPal Other _____

(\$12 Full Year/\$6 Mid-Year)

Please print and bring to a monthly meeting; email to membership@xwarn.net; mail to XWARN P.O. Box 562 Xenia, Ohio 45385