



MEMBERSHIP APPLICATION

www.NCDXA.org

Email to: MEMBERSHIP@NCDXA.org

A - Type of Member: (Select one)

<input type="checkbox"/>	Full Member (Dues: \$30/yr)
<input type="checkbox"/>	Associate (Dues: \$15/yr)
<input type="checkbox"/>	Life; (\$300.00/one-time)

B - General Information: (Bold fields are required)

Applicant Name:			
Street Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	

Ham Call Sign:			
Home Phone #:		Work Phone #:	
Cell Phone #:		Email:	

C- Sponsor Information

Sponsor Callsign	
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D – Membership Requirements (Full Members Only)

Do you have 100 DXCC Entities Confirmed?	
Are you a current ARRL Member?	

E – Other Comments/Interests/Goals?

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F – Applicant Signature (*)

Applicant Signature:		Date:	
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(*) I will comply with standard NCDXA Membership requirements.

G – NCDXA Signatures:

Officer Approval:		Date:	
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Dues may be paid via Pay Pal (payments@ncdxa.org) or via check.