



MEMBERSHIP APPLICATION

Date: _____

Name: _____ Call: _____ Lic. Class _____ Lic. Exp. Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Home: _____ Mobile Number: _____

E-mail Address: _____

Grid Sq. 6 Digit _____ DX Interests: _____

Do not publish telephone number(s) in the Online CDXA Roster.

Do not publish E-mail address in the Online CDXA Roster.

Family Member # 2 Name: _____ Call: _____ Lic. Class _____ Lic Exp. _____

E-mail ID _____ Publish(Y/N)? _____

Phone _____ Publish (Y/N) _____

Family Member # 3 Name: _____ Call: _____ Lic. Class _____ Lic Exp. _____

E-mail ID _____ Publish(Y/N)? _____

Phone _____ Publish (Y/N) _____

Family Member # 4 Name: _____ Call: _____ Lic. Class _____ Lic Exp. _____

E-mail ID _____ Publish(Y/N)? _____

Phone _____ Publish (Y/N) _____

All Family Members must live in same household.

Membership dues are \$25 per year for single member in household.

Membership dues are \$30 per year for 2 members in household.

Membership dues are \$35 per year for 3 or more members in household.

Mail to: Carolina DX Association, C/O Ray Weeks, 5010 Sharon Rd. D 401, Charlotte, NC 28210