



Application for Membership

CONTACT INFORMATION:

Name: _____ Call Sign: _____ Lic. Class: _____

Address: _____

Town: _____ State: ____ Zip Code: _____ - _____

Home Phone: _____ Work/Cell Phone: _____ *Phone Number will not be published!*

Email address: _____ Sponsored by _____

OTHER INFO: ARRL MEMBER? YES NO (*membership req'd*) **2m FM capable?**

AWARDS EARNED: DXCC _____; 5BDXCC _____; WAZ _____; WAS _____; WAC _____;
QCWA _____; FOC _____; OTHERS _____

OPERATING INTERESTS:

HF BANDS: 160 _____, 80 _____, 60 _____, 40 _____, 20 _____, 17 _____, 15 _____, 12 _____, 10 _____, 6 _____ **VHF/UHF** _____

MODES: CW _____, SSB _____, RTTY _____; Other Digital _____

ACTIVITIES: "TESTS" _____ DX ing _____ Satellite _____ APRS _____ 'T' Hunts _____ Other _____

Service Interests: Emergency Communications _____; Public Service Events _____; Traffic Handling _____;
Are you interested in operating Field Day _____ ARES member _____ RACES _____

Station Equipment:

Antennas: Type and Band Capability- _____

Receivers A: HF _____; VHF _____; UHF _____ : **Other Rcvrs:** _____

Amplifier(s): _____, #2 _____

The South Florida DX Association is a "NOT FOR PROFIT" Florida corporation, affiliated with the ARRL. Submit your application to Membership Chairperson – Via email Mark K2AU <k2au@arrl.net>; and a copy to our President – Bill W2CQ <w2cq@arrl.net>

Full Membership requires attending a club meeting and a club member sponsor.

Club Use Only

Date Received _____ Sponsored by _____

Membership Dues Paid _____

Membership classification: _____ FULL, _____ DX Assoc.; _____ Associate

Applicant Notification Date _____

Date Voted on _____ _ Approved Yes No