



DDXA

Delta DX Association – W5RU
<http://www.deltadx.net>

Membership Application

Fill out all items down to the double line below. Please print. Forward the application to:

Don Boudreau- W5FKX, Membership Chairman, 9817 Hawthorne Ave., River Ridge, LA 70123 ~ w5fkx@arrl.net

Call _____ Name _____ Spouse's name _____

Address _____ Zip _____

Home phone _____ Work phone _____ Email _____

Country totals: worked _____ Confirmed _____ DXCC Certificate # _____

License class _____ Year licensed _____ ARRL member? Yes _____ No _____
(ARRL membership required for Full Members)

Operating interests: _____

Ham equipment _____

Annual membership dues are \$35.00. In addition, new members who reside within the area of coverage of the DDXA repeater (W5RU 147.360/960) are assessed a one-time repeater fee of \$35.00.

I agree to accept the responsibilities of membership as specified in the Bylaws of the Delta DX Association
(*available for download at http://www.deltadx.net/DX_ddxa.htm):*

Applicant's signature _____ Date _____

Items below are for Club use only - forward to Membership Committee Chairman.

DDXA sponsor _____ Date _____

Membership committee recommendation _____

I certify that this application was approved/disapproved by the members present at a regular meeting in accordance with the Constitutions and Bylaws of the Delta DX Association:

President

Date

Following vote by the membership and signature by the President, copies of this application are to be forwarded to the Secretary to be retained as part of the minutes of the meeting at which it was first presented, and to the Membership Committee Chairman

(Form Revised: 07/09)