



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 _____

I certify that the disposition of this application was decided by the members in accordance with the Constitution and Bylaws of the Delta DX Association:

President Date

Following the vote by the membership and signature by the President, a copy of this application will be retained by the Secretary as part of the official records of the organization.

(Form Revised: 12/11)