

# INTERNATIONAL DX AMATEUR RADIO CLUB

## AWARD APPLICATION

CALL SIGN: \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION ON THE *AWARD WORKSHEET* THAT ACCOMPANIES THIS APPLICATION IS TRUE AND THAT I HAVE COMPLIED WITH ALL THE RULES OF THE PROGRAM.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RETURN APPLICATION TO:  
IDXARC  
PO Box 701  
CHAPPAQUA, NY 10514-0701  
OR  
E-MAIL TO: [IDX@IDXARC.ORG](mailto:IDX@IDXARC.ORG)