

INTERNATIONAL DX AMATEUR RADIO CLUB

MEMBERSHIP APPLICATION

CALL SIGN: _____ LICENSE CLASS: _____

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

I AGREE TO FOLLOW THE PRINCIPLES OF THE INTERNATIONAL DX AMATEUR RADIO CLUB
AND TO ASSIST FELLOW MEMBERS IN THE PURSUIT OF DX.

SIGNATURE: _____

DATE: _____

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