

NORTHERN ILLINOIS DX ASSOCIATION MEMBERSHIP APPLICATION

DATE: _____ CALL: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: (home) _____ (cell) _____

(REFERENCE ONLY) If you have earned DXCC, list totals and/or other DX awards earned:

Totals Confirmed: MIXED _____ ; PHONE _____ ; CW _____ ; DIGITAL _____ ; IOTA _____

HONOR ROLL _____ ; DXCC on _____ bands ; WAZ _____ ; WAC _____ ; WPX _____

MEMBERSHIP REQUIREMENTS: ARRL Member? _____ ; FCC License expiration date: _____

Do you have an ARRL-issued DXCC award? _____

Do you operate using the DX Code of Conduct (<http://www.dx-code.org/>) ? _____

Have you attended a minimum of three NIDXA meetings or social events and made a genuine effort to meet the current NIDXA members? _____ (Attendance at W9DXCC counts as one meeting attendance.)

Show and/or demonstrate a willingness to participate in DXing, contests, club activities, net check-ins, and the objectives of the NIDXA – including volunteering to assist the manager of the W9 Incoming DX QSL Bureau or other club activities such as W9DXCC.

Were you previously a member of the NIDXA? _____ If so, when? _____

Previous U.S. and Foreign Calls you currently have or have held: _____

COMMENTS: _____

NIDXA SPONSORS:

1. NAME: _____ CALL: _____

2. NAME: _____ CALL: _____

I have read the objectives and membership requirements of the NIDXA on the club website (nidxa.org) and wish to be considered for membership.

SIGNED: _____ CALL: _____