

CENTRAL CALIFORNIA DX CLUB, INC.

APPLICATION FOR MEMBERSHIP

Date _____
Name _____ Call _____
Mailing Address _____
City, State, Zip _____
Telephone Home _____ Business _____
Age _____ Date First Licensed _____ Class of License _____
DX Countries Confirmed CW _____ Phone _____ Mixed _____
DXCC Number _____ WAZ? _____ Number _____
Member ARRL? _____ Other Radio organizations _____
Spouse _____ Licensed? _____ Call _____
Email _____

I submit the following in support of my application for full membership in the CCDXC.
DXCC Number _____ OR 100 or more cards checked by an officer of the CCDXC.

If neither of the above apply and associate membership is desired, please so indicate here with your initials. _____

Initiation Fee, first years dues and badge. \$28.00

For Badge: Call _____ Name _____

QTH _____ Other _____

Signature _____

Date _____

Sponsor _____

Call _____

For use of Membership Committee only:

Country Confirmation: _____ DXCC _____ #1 _____ #2 _____

This committee recommends Approval _____ Denial _____ of this application.

Date _____

(Signature) Committee Chairman

For use of the Board of Directors Only:

The Board of Directors recommends the action of the Membership Committee be accepted _____; denied _____.

Date _____

(Signature) Secretary

Mail to: CCDXC, 1658 W. Mesa ; Fresno CA 93711-1944

REV 04/01/09