



# DDXA

Delta DX Association – W5RU  
<http://www.deltadx.net>

## Membership Application

(Please type or print clearly)

Call \_\_\_\_\_ Name \_\_\_\_\_ Spouse's name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell 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 per family. Please list additional household family members who wish to join the DDXA:**

Call \_\_\_\_\_ Name \_\_\_\_\_ Email \_\_\_\_\_

Country totals: Worked \_\_\_\_\_ Confirmed \_\_\_\_\_ DXCC Certificate # \_\_\_\_\_

License class \_\_\_\_\_ Year licensed \_\_\_\_\_ ARRL member? Yes \_\_\_\_\_ No \_\_\_\_\_

Call \_\_\_\_\_ Name \_\_\_\_\_ Email \_\_\_\_\_

Country totals: Worked \_\_\_\_\_ Confirmed \_\_\_\_\_ DXCC Certificate # \_\_\_\_\_

License class \_\_\_\_\_ Year licensed \_\_\_\_\_ ARRL member? Yes \_\_\_\_\_ No \_\_\_\_\_

(List additional household family members on the back of the application.)

Please make your check payable to DDXA and mail to:

Delta DX Association  
PO Box 1402  
Covington, LA 70434-1402

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: \_\_\_\_\_