



Minnesota

Membership Application Form

Name _____ Callsign _____

Address _____ City _____

State/Province _____ Zip _____ Country _____

Phone (home) _____ (work) _____

Phone (mobile) _____ (fax) _____

Email address _____ Personal web page _____

DX/other callsigns _____

I am currently a member of ARRL MWA NCDXF INDEXA Others: _____

I currently hold the following DX awards (none required for membership):

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Mixed DXCC | <input type="checkbox"/> Mixed DXCC Honor Roll | <input type="checkbox"/> DXCC Challenge |
| <input type="checkbox"/> SSB DXCC | <input type="checkbox"/> SSB DXCC Honor Roll | <input type="checkbox"/> 5BWAZ |
| <input type="checkbox"/> CW DXCC | <input type="checkbox"/> CW DXCC Honor Roll | <input type="checkbox"/> IOTA awards: _____ |
| <input type="checkbox"/> RTTY DXCC | <input type="checkbox"/> RTTY DXCC Honor Roll | Other DX awards: _____ |
| <input type="checkbox"/> 6m DXCC | <input type="checkbox"/> #1 DXCC Honor Roll | _____ |
| <input type="checkbox"/> 160m DXCC | <input type="checkbox"/> 5BDXCC | _____ |

I agree to abide by the bylaws of TCDXA (bylaws are posted at www.tcdxa.org):

Applicant's signature _____ Date _____

Referring member (if applicable) _____ Callsign _____

Send \$25 for yearly membership dues to TCDXA Secretary/Treasurer (make check payable to "TCDXA"):

Jim Junkert, KØJUH
4462 - 161st Lane NE
Ham Lake, MN 55304

Note: Renewal dues are collected in January of each year.

For TCDXA use

Approved by TCDXA officer _____

Date: _____