



Eastern Iowa DX Association Membership Application

Name: _____ Call: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

ARRL Membership Expires: _____ Home Phone: _____ Other Phone: _____

Email address: _____

FCC License Class: _____ Expiration Date: _____ Prior Call(s): _____

DXCC Countries Worked: _____ Confirmed: _____ Hold DXCC? Yes No

I have participated in the following contests the last two years

Contest	Mode	Date	QSOs	Score
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Operating Interests (use back page for more space): _____

Rig(s): _____

Antenna(s): _____

I would like to join the EIDXA because: _____

I hereby apply for: Full (have DXCC) Associate (less than 100 confirmed) membership in the EIDXA.

I understand and agree to abide by the club constitution and rules and certify that this information is correct.

Signature: _____

Approved

Return form to:

EIDXA Membership Committee: Jim Spencer, WØSR, 3712 Tanager Dr NE, Cedar Rapids, IA 52402-3349
or: Nelson Moyer, KUØA, 28 Ealing Drive, Iowa City, IA 52246-4717