



National Capitol DX Association

Date: _____

Initial Membership Application

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone (Home) _____ (Work) _____

Amateur Callsign _____ License Class _____

Previous Calls Held _____

ARRL Membership. Life Full

ARRL Appointments or Offices Held: _____

DX Awards Held DXCC Mixed Phone CW 5-Band WAC WAZ

- Application For
- Regular Membership
 - Associate Membership
 - Special Membership
 - Honorary Membership
 - Member at Large

Sponsors: _____

Voted into Membership _____

Dues/Initiation Paid