

LONG ISLAND



ASSOCIATION

MEMBERSHIP APPLICATION

CALL SIGN: _____

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

LICENSE CLASS: _____ ARRL MEMBERSHIP EXPIRES: _____

TELEPHONE: _____ E-MAIL: _____

I WOULD BE WILLING TO SERVE ON THE FOLLOWING COMMITTEES:

I agree to follow the principles of the Long Island DX Association and to assist fellow members in the pursuit of DX and to abide by the constitution and bylaws of the Long Island DX Association.

SIGNATURE: _____

DATE: _____

RETURN APPLICATION AND DUES TO MEMBERSHIP CHAIRMAN:
JOHN REISER, W2GW
163 REGENT PLACE
WEST HEMPSTEAD, NY 11552