

MOTHER LODE DX/CONTEST CLUB
MEMBERSHIP APPLICATION

DATE _____

NAME _____ CALLSIGN _____

ADDRESS _____ PHONE _____

CITY _____

STATE _____ ZIP _____

YEAR LICENSED _____ CLASS LICENSE _____

MODES OF OPERATION PREFERRED _____

EQUIPMENT USED _____

SPECIAL INTERESTS _____

ARRL MEMBER? YES/NO

DX CLUSTER HOME NODE _____

EMAIL ADDRESS _____

If my application is accepted, I agree to abide by the by-laws of the club

SIGNATURE _____ DATE _____

NOMINATED BY _____ CALL _____

_____ CALL _____

DATE ACCEPTED _____

DUES PAID-CASH _____ HARDCOPY NEWSLETTER DONATION _____

CHECK _____ OTHER _____
