ROCHESTER DX ASSOCIATION * APPLICATION FOR MEMBERSHIP

Name _____ Callsign _____

Street or P.O. Box _____ Apt. # _____

City _____ State _____ Zip _____

Email Address _____ ARRL Member Yes No

Awards: DXCC 5BDXCC WAS 5BWAS WAZ VUCC WAC (circle all that apply)

Other awards and interests _____

Membership Types (circle) :
Regular - $25
Family - $25 + $10 = $35
Student or out of State - $10

Attach check payable to RDXA and mail to K2CS (QRZ address) or pay via PAYPAL on the website @ **rdxa.com/rdxa-club-information/paypal/**