



CCDX AMATEUR RADIO CLUB MEMBERSHIP APPLICATION

Today's Date: _____

Call Sign: _____

License Class: N T G A E

Membership: New Renewal New Licensee: Yes No ARRL Member Yes No

For those newly licensed who join the club,
these individuals will have the membership dues waived for the first year.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Cell: _____

Email: _____

Receive email? Yes No

Membership: 1-Year (Jan - Dec) \$20.00

I would like to contribute an additional \$ _____ to support CCDXARC functions.

Total Enclosed: \$ _____ (Please make your check payable to: CCDX ARC)

You can bring a completed application to any Wednesday night meeting with your check payable to: CCDX ARC.

or mail this form with your check payable to: CCDXARC.

**CCDX Amateur Radio Club
PO Box 10661
Swanzey, NH 03446-0661**