



# 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  
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 CCDX ARC functions.

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

*Please mail this form with your check payable to: CCDX ARC*

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