



# Eastern Iowa DX Association Membership Application

Name: \_\_\_\_\_ Call: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ARRL Membership Expires: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

FCC License Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Prior Call(s): \_\_\_\_\_

DXCC Countries Worked: \_\_\_\_\_ Confirmed: \_\_\_\_\_ Hold DXCC?  Yes  No

I have participated in the following contests the last two years

Contest	Mode	Date	QSOs	Score
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Operating Interests (use back page for more space): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rig(s): \_\_\_\_\_

Antenna(s): \_\_\_\_\_

I would like to join the EIDXA because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby apply for:  Full (have DXCC)  Associate (less than 100 confirmed) membership in the EIDXA.

I understand and agree to abide by the club constitution and rules and certify that this information is correct.

Signature: \_\_\_\_\_

Approved

Return form to:

**EIDXA Membership Committee:** Jim Spencer, WØSR, 3712 Tanager Dr NE, Cedar Rapids, IA 52402-3349  
or: Tom Vavra, WB8ZRL, 682 Palisades Access Rd, Ely, IA 52227-9717