



Magnolia DX Association Membership Application

Name: _____ Callsign/Class: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail: _____ Webpage: _____

ARRL Membership: () Life () Full () No Expiration Mo/Yr: ____/____

Current ARRL Awards: _____

Current CQ Awards: _____

Application For: () Regular Membership (Requires 100+ Entities Worked/Logged)
() Associate Membership (Requires Desire To Reach Regular Status)
() Honorary Membership (Requires Nomination By Regular Member)
Yearly Dues: \$25 Regular & Associate; \$10 For 2nd Person In Family
Yearly Renewals Will Be Due In January Each Year Thereafter

Special Interest/Skills I Could Share: _____

Special Interest/Skills I Desire To Learn: _____

I agree to abide by the MDXA's Constitution and By-Laws (posted at www.mdxa.org)

Applicant's Signature/Date: _____

Sponsoring Club Members' Signature/Callsign (2 required):

(Note: Sponsors must be Regular/Full members)

By signing, sponsors are confirming that they have met with the applicant and that they believe the applicant to be committed to the core values of the Magnolia DX Association identified in the Constitution and By-Laws. The sponsors also agree that they will serve as ELMERS to the applicant, assisting them with improving their operating and technical skills, educating them in the challenges and joys of DXing and encouraging the applicant to become a full and active member of the club, participating in club events to the fullest extent possible.

Please make your check payable to MDXA, Inc. Application and payment should be hand carried to the next regular meeting. If you live outside the normal commuting area, mail to:
MDXA Inc, PO Box 576, Saucier MS 39574-0576

For Club Use Only (Date Initial Application Received DD/MMM/YYYY _____)
Dues Received By: _____ Amt\$: _____ Date Mo/Yr: _____
DXCC Status/QSLs/Logbook Verified By: _____ Date Mo/Yr: _____
Approved For: () Regular Member () Associate Member () Honorary Member
If Associate, Date Upgraded To Regular Member Status (Mo/Yr): _____
Notes: _____