Magnolia DX Association Membership Application

Revised 13Nov22

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: $10 Regular & Associate; $5 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 https://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 1171, Long Beach, MS 39560

_____

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: _____