

W4FDX



MID FLORIDA



PO BOX 341471 TAMPA, FLORIDA 33694-1471 www.W4FDX.com

Membership Application (form is PDF Fillable)

Name		Call sign
Address		
City	State	Zip
Mobile Phone ()	work Phone (optional) (
Other ()		
Email Address		
License Class	ARRL Member Y or N	DXCC #Submit copy with application
qualifications: 1. Possesses a valid Amateur Ra 2. Is an ARRL member 3. Holds or working on ARRL I 4. Agrees to enhance the reputat station in accordance with good 5. Is willing and able to serve or		FDXA by operating his or her amateur atutes. iittees and to participate actively in the
Signature:		Date :
Denied		

Approved for membership ______ Date : _____