East Tennessee DX Association

MEMBERSHIP APPLICATION

Date:				
Name:	Call:			
Address:		License:		
ARRL Member: Yes No				
Home Phone:	Work Pho	one:	Cell Phone:	
E-Mail Address:				
Call between the hours of	and			
Ok to call at work? Yes	No			
Birthday:				
Spouse's first Name:				
Countries Confirmed:	SSB:	CW:	Mixed:	
Honor Roll Member: Yes	No V	Worked All Zon	es: Yes	No
Interested in SSB: CW:	RTTY:	Digital:	Other:	
	RACK Oa Meters TN Cor Other:	ak Ridge ARC ntest Group S	Smokey I Southeastern VF	Mountain ARC IF Society
Newsletter: by Mail by l	E-mail I	Both		
Other Hobbies:				
Sponsored by:				