



Western Kentucky DX Association

Membership Application

Yearly Membership dues are \$10

DATE: _____

NAME:	
CALL SIGN:	
STREET:	
CITY, ST, ZIP:	
EMAIL:	
PHONE:	

(By becoming a member, you agree to allow WKDXA to use your name and photo in the official WKDXA website and other publications.)

NAME TAG (\$5 each)

Color				
Qty ->				

CALL SIGN:	
NAME:	
CITY:	