

# DURHAM FM ASSOCIATION, INC.

P.O.Box 2411, DURHAM, NC 27715-2411

## APPLICATION FOR MEMBERSHIP OR RENEWAL

Info supplied here will only be distributed to other members. Omit field you do not wish to share.  
(On renewal, put an X thru field previously shared but now private.)

FIRST NAME		MIDDLE NAME	LAST NAME	
NICKNAME (THE NAME YOU WANT TO BE CALLED)		AMATEUR CALL		CLASS
PHONE <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		PHONE <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		
ADDRESS				
CITY			STATE	ZIP
EMAIL ADDRESS				ARRL Member? Yes <input type="checkbox"/> No <input type="checkbox"/>

### TYPE OF MEMBERSHIP

**INDIVIDUAL MEMBERSHIP**

#### NEW MEMBERS

\$12 PER YEAR

#### MEMBERSHIP RENEWAL

\$1 PER MONTH  
(10 MONTHS MINIMUM)

INDIVIDUAL MEMBERSHIP \$ \_\_\_\_\_

**ADDITIONAL FAMILY MEMBERS**  
(Living at same address as primary member)

FILL OUT BACK OF FORM FOR EACH

#### NEW MEMBER(S)

\$6 PER YEAR / MEMBER

#### MEMBERSHIP RENEWAL

\$0.50 PER MONTH / MEMBER  
(10 MONTHS MINIMUM)

ADDITIONAL FOR FAMILY \$ \_\_\_\_\_

**FREE NEW HAM MEMBERSHIP**

Up to 12 months membership ending on the anniversary of your licensing. You must attend a meeting or participate in a DFMA sponsored event to activate this membership.

### PAYMENT

TOTAL AMOUNT \$ \_\_\_\_\_  ENCLOSED:  cash check: # \_\_\_\_\_  
 SENT VIA PAYPAL (email, mail or deliver this form)

SIGNATURE

DATE

Please do not use space below

Mail this form (and payment) to address at top or bring to the next DFMA Meeting.