

# 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.)

<b>FIRST NAME</b>		<b>MIDDLE NAME</b>			<b>LAST NAME</b>		
<b>NICKNAME (THE NAME YOU WANT TO BE CALLED)</b>				<b>AMATEUR CALL</b>		<b>CLASS</b>	
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			
<b>ADDRESS</b>							
<b>CITY</b>					<b>STATE</b>		<b>ZIP</b>
<b>EMAIL ADDRESS</b>						<b>ARRL Member?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b><i>TYPE OF MEMBERSHIP</i></b>				<input type="checkbox"/> <b>ADDITIONAL FAMILY MEMBERS</b> (Living at same address as primary member) FILL OUT BACK OF FORM FOR EACH <b>NEW MEMBER(S)</b> \$6 PER YEAR / MEMBER <b>MEMBERSHIP RENEWAL</b> \$0.50 PER MONTH / MEMBER (10 MONTHS MINIMUM) ADDITIONAL FOR FAMILY \$ _____			
<input type="checkbox"/> <b>INDIVIDUAL MEMBERSHIP</b> <b>NEW MEMBERS</b> \$12 PER YEAR <b>MEMBERSHIP RENEWAL</b> \$1 PER MONTH (10 MONTHS MINIMUM) INDIVIDUAL MEMBERSHIP \$ _____				<input type="checkbox"/> <b>FREE NEW HAM MEMBERSHIP</b> 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.			
<b><i>PAYMENT</i></b>							
<b>TOTAL AMOUNT \$ _____</b>			<input type="checkbox"/> <b>ENCLOSED: <input type="checkbox"/> cash</b>		check: # _____		
<input type="checkbox"/> <b>SENT VIA PAYPAL (email, mail or deliver this form)</b>							
<b>SIGNATURE</b>						<b>DATE</b>	
<small>Please do not use space below</small>							

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

# ***DURHAM FM ASSOCIATION, INC.***

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## **#1 FAMILY MEMBER INFORMATION**

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>												
<b>NICKNAME</b> (THE NAME YOU WANT TO BE CALLED)	<b>AMATEUR CALL</b>	<b>CLASS</b>												
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													
<b>RELATIONSHIP TO PRIMARY MEMBER</b>														
<b>EMAIL ADDRESS</b>		<b>ARRL Member?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>												
<b>ADDRESS MUST BE SAME AS PRIMARY MEMBER'S</b>														
<i>Please do not use space below</i>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; height: 20px;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> <tr> <td style="width: 16.6%; height: 20px;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> <td style="width: 16.6%;"></td> </tr> </table>														

## **#2 FAMILY MEMBER INFORMATION**

<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>LAST NAME</b>												
<b>NICKNAME</b> (THE NAME YOU WANT TO BE CALLED)	<b>AMATEUR CALL</b>	<b>CLASS</b>												
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													
<b>RELATIONSHIP TO PRIMARY MEMBER</b>														
<b>EMAIL ADDRESS</b>		<b>ARRL Member?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>												
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**FOR ADDITIONAL FAMILY MEMBERS, COPY THIS PAGE, FILL OUT AND ATTACH**