

DURHAM FM ASSOCIATION, INC.

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

APPLICATION FOR MEMBERSHIP OR RENEWAL

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

FIRST NAME			MIDDLE NAME			LAST NAME		
NICK NAME (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					
ADRESS								
CITY						STATE		ZIP
E-MAIL ADDRESS						ARRL Member? Yes <input type="checkbox"/> No <input type="checkbox"/>		
TYPE OF MEMBERSHIP								
<input type="checkbox"/> PRIMARY MEMBERSHIP RECEIVES ASSOCIATION NEWSLETTER RENEWAL \$12.00 PER YEAR NEW MEMBERS DUES, PRO-RATED THE FIRST YEAR \$1.00 PER MONTH (From month joined thru December) PRIMARY MEMBERSHIP \$ _____				<input type="checkbox"/> FAMILY MEMBERSHIP (Living at same address as primary member) FILL OUT BACK OF THIS FORM RENEWAL (for each additional family member) \$6.00 PER YEAR NEW MEMBERS (for each additional family member) DUES, PRO-RATED THE FIRST YEAR \$.50 PER MONTH (From month joined thru December) BE SURE TO COMPLET OTHER SIDE FAMILY MEMBERSHIP \$ _____				
<input type="checkbox"/> FREE NEW HAM MEMBERSHIP Up to 12 month membership ending on anniversary of licensing. You must attend a meeting to activate this membership. When free membership expires you may renew and pro-rate if applicable.								
PAYMENT								
AMOUNT: \$			<input type="checkbox"/> ENCLOSED: <input type="checkbox"/> cash check: # _____			APPLICABLE YEAR(S)		
<input type="checkbox"/> SENT VIA PAYPAL (renewal only)								
SIGNATURE						DATE		
Please do not use space below								

MAIL THIS FORM ALONG WITH CHECK OR MONEY ORDER TO ADDRESS
AT TOP OF APPLICATION, (OR BRING TO NEXT DFMA MEETING)

DURHAM FM ASSOCIATION, INC.

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#1 FAMILY MEMBER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
NICK NAME (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	
RELATIONSHIP TO PRIMARY MEMBER		
E-MAIL ADDRESS		ARRL Member? Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS MUST BE SAME AS PRIMARY MEMBER		
Please do not use space below		

#2 FAMILY MEMBER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
NICK NAME (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	
RELATIONSHIP TO PRIMARY MEMBER		
E-MAIL ADDRESS		ARRL Member? Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS MUST BE SAME AS PRIMARY MEMBER		
Please do not use space below		

FOR ADDITIONAL FAMILY MEMBERS, COPY THIS PAGE, FILL OUT AND ATTACH