

DURHAM FM ASSOCIATION, INC.

Durham FM Association, 9169 W State St #644, Garden City ID 83714

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				<input type="checkbox"/> ADDITIONAL FAMILY MEMBERS (Living at same address as primary member)					
<input type="checkbox"/> INDIVIDUAL MEMBERSHIP NEW MEMBERS \$12 PER YEAR MEMBERSHIP RENEWAL \$1 PER MONTH (10 MONTHS MINIMUM) INDIVIDUAL MEMBERSHIP \$ _____				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 \$ _____					
<input type="checkbox"/> 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 \$ _____				<input type="checkbox"/> ENCLOSED: <input type="checkbox"/> cash check: # _____				<input type="checkbox"/> SENT VIA PAYPAL (email, mail or deliver this form)	
SIGNATURE						DATE			
Please do not use space below									

Mail this form and payment to NEW address at top or bring to next DFMA Meeting.

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#1 FAMILY MEMBER INFORMATION

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							
RELATIONSHIP TO PRIMARY MEMBER											
EMAIL ADDRESS								ARRL Member? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ADDRESS MUST BE SAME AS PRIMARY MEMBER'S											
<i>Please do not use space below</i>											

#2 FAMILY MEMBER INFORMATION

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							
RELATIONSHIP TO PRIMARY MEMBER											
EMAIL ADDRESS								ARRL Member? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ADDRESS MUST BE SAME AS PRIMARY MEMBER'S											
<i>Please do not use space below</i>											

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