



MEMBERSHIP APPLICATION

www.NCDXA.org

Email to: MEMBERSHIP@NCDXA.org

A - Type of Member: (Select one)

<input type="checkbox"/>	Full Member (1 yr) \$30.00
<input type="checkbox"/>	Full Member (3 yr) \$85.00
<input checked="" type="checkbox"/>	Associate (Dues: \$15/yr)

B - General Information: (Bold fields are required)

Applicant Name:	DENNIS KRONENBERG		
Street Address:	8108 FLUM CREEK DR.		
City:	GAITHERSBURG	State/Province:	MD
Zip/Postal Code:	20882	Country:	USA

Ham Call Sign:	NP2VV		
Home Phone #:		Work Phone #:	
Cell Phone #:	240.793.6970	Email:	NP2VV@aol.com

C - Sponsor Information

Sponsor Callsign	K3EW
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D - Membership Requirements (Full Members Only)

Do you have 100 DXCC Entities Confirmed?	<input checked="" type="checkbox"/>
Are you a current ARRL Member?	<input checked="" type="checkbox"/>

E - Other Comments/Interests/Goals?

CONTESTING; DXCC; WAS

F - Applicant Signature (*)

Applicant Signature:	<i>D. Kronenberg</i>	Date:	11/25/21
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(*) I will comply with standard NCDXA Membership requirements.

G - NCDXA Signatures:

Officer Approval:	<i>Phillip Boy</i>	Date:	11/30/21
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Dues may be paid via Pay Pal (payments@ncdxa.org) or via check.