

**DURHAM FM ASSOCIATION, INC.**  
**P.O. BOX 2411, DURHAM, NC 27715-2411**

**APPLICATION FOR MEMBERSHIP OR RENEWAL**

FIRST NAME	MIDDLE NAME	LAST NAME
NICK NAME (THE NAME YOU WANT TO BE CALLED)	AMATEUR CALL	CLASS
HOME PHONE	WORK PHONE	
ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
E-MAIL ADDRESS: _____		
<b>I AM A MEMBER OF ARRL:                      YES <input type="checkbox"/>                      NO <input type="checkbox"/></b>		
<b>TYPE OF MEMBERSHIP</b>		
<input type="checkbox"/> <b>PRIMARY MEMBERSHIP</b> RECEIVES ASSOCIATION NEWSLETTER ( <i>THE LINK</i> )  <b>RENEWAL</b> <b>\$12.00 PER YEAR</b>  <b>NEW MEMBERS</b> DUES, PRO-RATED THE FIRST YEAR \$1.00 PER MONTH (FROM MONTH JOINED THRU DECEMBER)  <b>PRIMARY MEMBERSHIP \$ _____</b>	<input type="checkbox"/> <b>FAMILY MEMBERSHIP</b> LIVING AT THE SAME ADDRESS AS PRIMARY MEMBER <b>FILL OUT BACK OF THIS FORM</b>  <b>RENEWAL</b> <b>\$6.00 PER YEAR FOR EACH FAMILY MEMBER</b>  <b>NEW MEMBERS</b> DUES, PRO-RATED THE FIRST YEAR \$.50 PER MONTH (FROM MONTH JOINED THRU DECEMBER) <b>FOR EACH FAMILY</b> <b>MEMBER</b> <b>BE SURE TO COMPLET OTHER SIDE</b> <b>FAMILY MEMBERSHIP \$ _____</b>	
<b>TOTAL PAYMENT ENCLOSED: \$ _____</b>		
SIGNATURE _____		DATE _____

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