



MEMBERSHIP APPLICATION

I herewith request membership in the European DX Foundation e.V. (EUDXF). Membership fees are a minimum of **€ 25 per year** and payable at the beginning of the year. Membership will be **renewed automatically** unless written notice is given not later than 6 weeks before the end of the year.

Surname: _____
First name: _____
Call Sign: _____ Title: _____
Address: _____
Postal code: _____
City: _____
Country: _____
E-mail: _____ @ _____

Method of payment:

I will pay the contribution to the bank account of EUDXF:

Bank: Volksbank Kleverland
IBAN: DE65 3246 0422 0205 1830 19
BIC: GENO DE D1KL L

I will transfer the contribution via PayPal to cashier@eudxf.eu

Signature: _____ Date: _____

Please mail this application to:

EUDXF e.V.
Robert F. Lörcks, DL1EBV
Sommerlandstraße 23
47551 BEDBURG-HAU
GERMANY
Fax +49 (0) 2824 9999814

You can e-mail your application to:

cashier@eudxf.eu

Or get into contact with EUDXF via internet:

<http://www.eudxf.eu>