

DX Mentor Application Form

I am recommending _____ for the
DX Mentor of the Year Award.

My Name is:	
My Call Sign Is:	
My Date of Birth is:	
My Phone Number is:	
My eMail Address is:	
My Address is:	

The person that I am recommending is:

Name:	
Call Sign:	
Phone Number:	
eMail Address:	
Address:	

How did you meet this nominee:

How did you gain an interest in DXing?

What did this nominee do to spur your DX interest?

What assistance did this nominee provide for you? (Equipment, antennas, etc.)

What ongoing assistance did this nominee provide for you?

What is the status of your latest DXCC award?
(Mixed modes, single mode, single band)

What is your next DX goal?

General Comments:

All of the information that I have provided in support of my nominee is accurate to the best of my knowledge.

Signature

Call Sign

Date

Fill out the form and email to thedxmentor@gmail.com.

More information and the entry form can be found at www.swodxa.org/DX-Mentor-Program, by emailing thedxmentor@gmail.com or by calling 1-513-855-3980.