

DMAD Membership Application

Date _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

VP # _____ Cell Phone # _____

Email: _____

Birthdate: _____

Membership Status: (select one)

_____ Individual.....\$25.00/year

Member since (date) _____

I would like to receive meeting and event notices: (select one)

_____ Regular Mail **or** _____ Email

Contact Person: (in case of emergency)

Name _____

VP # Phone # Text # _____

(circle one)

(write number)

Areas of Interest:

_____ Property/Building Committee

_____ Social Activities/Events Committee

_____ Fundraising Activities/Events Committee

_____ Culinary Services Committee

_____ Athletic Programs Committee