



33 Ontario St.
Lockport, NY 14094

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Phone 1: _____ Phone 2: _____

Emergency Contact: _____

Emergency Phone : _____

Your Date of Birth: _____

Would you like to: Join (or) Renew Your membership?

Please indicate your level of support:

<u>MEMBERSHIP LEVEL:</u>		
	<u>New</u>	<u>Renew</u>
Age 59 and below:	<input type="checkbox"/> \$50	<input type="checkbox"/> \$40
Age 60-84	<input type="checkbox"/> \$45	<input type="checkbox"/> \$35
Veteran	<input type="checkbox"/> Half	<input type="checkbox"/> Half
Age 85+	<input type="checkbox"/> \$35	<input type="checkbox"/> \$25
Family*	<input type="checkbox"/> \$95	<input type="checkbox"/> \$85
*(2 adults & children under 21 living in the same house)		
Benefactor	<input type="checkbox"/> \$120	<input type="checkbox"/> \$110
Lifetime	<input type="checkbox"/> \$750	

Method of Payment

Check (Make payable to: The Dale Association)

Cash

Credit Card:  

Card Number: _____

Exp. Date: _____ 3 Digit Code: _____

Signature: _____

Please send me more information on
The Dale Association

Updated: 03/01/2020