

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?**COST: \$50.00** (1/2 price for U.S. Veterans with ID)

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: 12/10/2020