



Applicant	
Name:	Date:
Address:	
Mailing (if different)	
City, State, Zip Code:	Date of Birth:
Phone Number:	Email:

Membership Fees

- Regular \$500 (\$41.67/month) Senior – 60+ \$400 (\$33.33/month)
 Junior – 17 & Under \$150 Additional Family Member \$100

Family Members must meet the following qualifications:

- 1) Must be immediate family (spouse, son, daughter)
- 2) Children must be 18 years of age and under
- 3) Son/daughter must be in school and cannot be gainfully employed
- 4) If family members are added during the year, their fee will be pro-rated for the months remaining on the initial membership.

All memberships run concurrent with our fiscal year July 1st – June 30th.

Applicant Signature:	Date:
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For office use

- Payment In Full Monthly Quarterly Semi-Annual

Note: Payments are due as designated above. Failure to make payments as scheduled will result in suspension of membership until dues are brought up to date.

Approved by:

Please return application via mail to the address below or email browns@dublinga.org

