

# Delaware of America Club

## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

### Membership Type

*Please check one*

- |   |            |
|---|------------|
| <input type="checkbox"/> Junior (Members under age 18)                      | (\$10.00)  |
| <input type="checkbox"/> Individual (Members 18 and up)                     | (\$15.00)  |
| <input type="checkbox"/> Family (Member, another adult and children)        | (\$20.00)  |
| <input type="checkbox"/> Associate (Members that can hold shows and events) | (\$25.00)  |
| <input type="checkbox"/> Breeder* (Breeders certified through the Club)     | (\$50.00)  |
| <input type="checkbox"/> Lifetime (Lifetime members individuals only)       | (\$200.00) |

TOTAL \$ \_\_\_\_\_

I hereby certify the information herein provided is true and accurate to the best of my knowledge. I submit this application with the proper fee checked above.

Signed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature

Please submit check or money order made payable to the Club Secretary. See our About Us page for that information. You may also pay online via Paypal.

*\*Please see Breeder Certification Guidelines for more information on certification*

For Office Use Only

Received by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved Y N Membership # \_\_\_\_\_

Payment Type C MO CC