



MEMBERSHIP APPLICATION OR ANNUAL RENEWAL

P.O. Box 479

Ocean View, DE 19970

DATE _____ NAME _____

ADDRESS _____

EMAIL _____ SPOUSE _____

TELEPHONE NUMBERS: Home (____) ____ - _____ Cell (____) ____ - _____

Gauges (check all that apply): G O S HO N Other _____

NEW ADULT MEMBER \$100

JUNIOR MEMBER (free): New Renewal

CURRENT ADULT MEMBER Renewal (due in January of each year)

\$125

\$100 with any combination of Sponsors or Patrons (excluding in-kind) with a total value between \$100 - \$199 that are obtained/renewed during the months of October, November, and December of the previous year*.

\$75 with any combination of Sponsors or Patrons (excluding in-kind) with a total value of \$200 or more that are obtained/renewed during the months of October, November, and December of the previous year*.

*** LIST OF SPONSORS (\$100 minimum each) AND PATRONS (\$50 minimum each) RECRUITED BETWEEN OCTOBER – DECEMBER OF THE PREVIOUS YEAR:**

Name: _____ Donation Obtained: \$ _____

Name: _____ Donation Obtained: \$ _____

Name: _____ Donation Obtained: \$ _____

Name: _____ Donation Obtained: \$ _____

Use the back to list additional sponsors/patrons obtained. **TOTAL DONATIONS OBTAINED** \$ _____

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Board member confirmation

Treasurer
Date: _____
Paid \$ _____
Check# _____

Sponsor/Patron Coordinator
Date: _____
(Adult Renewals < \$125)
 Approved

Secretary
Date: _____