ICCD MEMBERSHIP FORM No._____

Please complete the form, below and mail it with a check made payable to **ICCD** to the address below. Thank you and WELCOME!

DATE: _____

NAME:_____

ADDRESS:_____

_____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

EMAIL ADDRESS:_____

OCCUPATION:_____

SPOUSE'SNAME:_____

NUMBER OF CHILDREN UNDER 18 YEARS OF AGE: _____
CHILDRENS' NAMES: _____

_____

SPECIAL INTEREST YOU WOULD LIKE TO SEE AS A CLUB FUNCTION:

_____

_____

HOW DID YOU HEAR ABOUT US?

_____

YEARLY DUES (Circle One): SINGLE: $15.00 SINGLE SR. CITIZEN (+65): $10.00

FAMILY: $20.00 SENIOR COUPLE: $15.00

MAKE CHECKS PAYABLE TO: I. C. C. D.

MAIL FORM & PAYMENT: **ICCD MEMBERSHIP**
c/o Paul Mahoney,II
2106 W. 17th Street
WILMINGTON, DE 19806

FOR CLUB USE ONLY:

YEARLY DUES:

AMOUNT DUES PAID:_____ **DATE:** _____ **AMOUNT:** _____