

DOLAN SPRINGS COMMUNITY COUNCIL
2019 MEMBERSHIP APPLICATION

(January 1 – December 31) \$5 Fee per person/organization

Please print when completing the following:

NAME: _____

COMPANY (If applicable): _____

MAILING ADDRESS: _____

TELEPHONE: HOME _____ CELL _____

EMAIL: _____

I HAVE AN INTEREST IN (PLEASE CHECK):

A. SERVING ON THE COUNCIL BOARD _____

B. HELPING WITH FRIDAY NIGHT BINGO _____

C. HELPING WITH THE COMMUNITY CHRISTMAS DINNER _____

D. HELPING REVIEW THE COUNCIL BY-LAWS _____

E. SERVING ON A COUNCIL COMMITTEE (Please circle): _____

Public Education, Building, Membership, Public Relations, Grant Writing, Fundraising,
Community Events Calendar

Signature

Date

FOR OFFICE USE ONLY

DSCC Signature _____ Date: / /

Check # _____ or Cash _____ Date Received _____

Receipt issued Y/N _____ Membership card issued Y/N _____

PO Box 201, Dolan Springs, Arizona, 86441
(928) 767-4252

www.dolanspringscommunitycouncil.com