



APPLICATION FOR MEMBERSHIP

New Member

Renewal

Name: _____

Address: _____

Telephone: Home (_____) _____

Office: (_____) _____

Email: _____

Sponsored By: _____

Dues: \$12.00 / Year, per person
Make Checks Payable To: DIAC

Send application to
DIAC
12913 Coastal Highway #1865
Ocean City, Maryland 21842