

DSO/ADS Membership Application

(Memberships are calendar year.)

Please fill out completely (even for renewals).

For Year: 20 ____ Today's Date: _____

Name(s): _____

Address: _____

Phone(s) (land line): _____ Cell Phone(s): _____

Email(s): _____

Choose one of the following membership offerings by checking the box before the offering.

Do not write in the gray

boxes.

<input type="checkbox"/>	DSO Individual	\$15			
<input type="checkbox"/>	DSO Family	\$20			
<input type="checkbox"/>	DSO Individual + ADS Individual	\$39			
<input type="checkbox"/>	DSO Family + ADS Individual	\$44			
<input type="checkbox"/>	DSO Family + ADS Family	\$47			

For ADS "Snowbird" service add \$6.

Enter winter address here:

Check here if you want your Digest in printed format.

Please make checks payable to DSO.

**Mail to: Nancy Riopelle
701 W. River Rd
Valley City, OH 44280**