

# Delaware Equine Council, Inc. Membership Application

## \* Required Information

- \*  New Membership  
 Renewing Membership

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Company or Organization Name if Commercial or Organizational Membership:

\_\_\_\_\_

Website and/or Facebook Address if Commercial or Organizational Membership:

\_\_\_\_\_

\_\_\_\_\_

\* Street Address or PO Box Number:

\_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

\* Manage Email from Equine Council:

Send by Email:  Do Not Send by Email:

\* Check if you are a member with a new email address:

\* Please Select One Membership Type:

- |   |   |
|---|---|
| <input type="checkbox"/> Commercial Annual \$40.00                  | <input type="checkbox"/> Commercial Life \$400.00     |
| <input type="checkbox"/> Organizational Annual \$30.00              | <input type="checkbox"/> Organizational Life \$300.00 |
| <input type="checkbox"/> Individual Annual \$25.00                  | <input type="checkbox"/> Individual Life \$250.00     |
| <input type="checkbox"/> Youth Annual \$10.00 <i>Youth Life N/A</i> |   |

\* Please Select One Method of Payment:

- Cash or Check in Person  
 Mail a Check to DEC PO Box 158 Harrington, DE 19952  
 Paypal pay to [DelawareEquineCouncil@gmail.com](mailto:DelawareEquineCouncil@gmail.com) *Note the membership level*

\* Signature: \_\_\_\_\_

*If applicant is under 18, adult must sign.*