

2018 DPSIC Membership Form
(please print clearly)

Proof

Name/s _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone _____

Dues: Voting or *Associate Membership
\$10 per person _____

Additional donations welcomed _____

Total: _____

***Associates are members who reside outside of the boundaries of Dash Point and wish to support DPSIC**

If interested in volunteering for an event, please check this space: _____

Mail to:
Dash Point Social & Improvement Club
6716 East Side Dr. N.E. Ste 1 PMB 23
Tacoma, Wa. 98422

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