

## DAVIS DYNAMOS MEMBERSHIP APPLICATION

Name			Date		
Address	_City		_Zip	State_	
Home Phone	_email Addre	ss			
Membership (annual): Individual		(\$8),Senior_	( <u>\$6</u> ), Fa	mily	(\$14)
List family members, if applicable					

When complete, please mail to:

attn: Membership, Davis Dynamos 646 A Street

Davis, CA 95616