



the dale association

# The Dale Association, Inc.

33 Ontario Street, Lockport, NY 14094  
(716-433-1886)

### Membership Status

- New
- Renew

(Circle one: Mr. Mrs. Ms. Miss) \_\_\_\_\_  
*First Name Middle Initial Last Name*

Address: \_\_\_\_\_

City & State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*Winter address if different from above:*

Address: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Because we rely on public funding, we need your help, please complete the following -**

Male  Female  Veteran **Voting town:** \_\_\_\_\_

Widow/Widower  Married  Divorced  Separated  Single

**Are you :**  Employed?  Retired? From where? \_\_\_\_\_

**Our future depends on your level of support:**

**\*If your membership has expired, you will need to renew at the NEW membership rate.**

<i>New</i>	<i>Renewal</i>	<i>Membership Level:</i>
\$ 40	\$ 30	Age 59 and below
\$ 35	\$ 25	Ages 60 – 84
\$ 25	\$ 15	Ages 85 and Over
\$ 85	\$ 75	Family – (2 Adults & Children under 21 living in the same household)
\$100	\$100	Benefactor
\$750	\$750	Lifetime

**Please make your checks payable to: THE DALE ASSOCIATION, INC.**

**And return to:** Membership Services

The Dale Association, Inc., 315 Bewley Building, Lockport, NY 14094

**Please send me more information on The Dale Association's Planned Giving options**

**We love to show off our building, if you would like a tour, please call 433-1886.**

## Family Membership Information

Name: \_\_\_\_\_  
*First Name*                      *Middle Initial*                      *Last Name*

Circle One:    Male    Female    Date of Birth \_\_\_\_\_  
*month/date/year*

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Name: \_\_\_\_\_  
*First Name*                      *Middle Initial*                      *Last Name*

Circle One:    Male    Female    Date of Birth \_\_\_\_\_  
*month/date/year*

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Name: \_\_\_\_\_  
*First Name*                      *Middle Initial*                      *Last Name*

Circle One:    Male    Female    Date of Birth \_\_\_\_\_  
*month/date/year*

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Name: \_\_\_\_\_  
*First Name*                      *Middle Initial*                      *Last Name*

Circle One:    Male    Female    Date of Birth \_\_\_\_\_  
*month/date/year*

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Name: \_\_\_\_\_  
*First Name*                      *Middle Initial*                      *Last Name*

Circle One:    Male    Female    Date of Birth \_\_\_\_\_  
*month/date/year*