

DELAWARE COUNTY INSTITUTE OF SCIENCE

ORGANIZED A.D. 1833

11 Veterans Square, Media, PA 19063

Dr. Mr. Mrs. Miss Ms. _____
First Name Middle Name Last Name

Street Address City State Zip Code

Telephone Number E-mail (Please Print Clearly)

Signed _____ this day, _____, 20____

Please indicate the class of membership you desire by circling the dollar classification.

Membership Class:	Annual Dues	Membership Class:	Annual Dues
Regular Member.....	\$15.	Contributing Member.....	\$25.
Junior Member (Age _____)	\$ 5.	Organization Membership.....	\$35.
(Youth up to and including age 18)		Life Membership (one time fee)...	\$250.
Family Membership	\$25.		

Contributions are deductible for Income Tax purposes.

Kindly enclose a check or money order made payable to
The Delaware County Institute of Science
with your completed and signed application.

The Institute would like to know you better.
Please mark your interests and any special abilities which you could offer to the Institute.
This is only an indication of interest or talent and not an imposing promise of your time.

- Publicity Mineralogy Zoology Botany
- Writing Fossils Birds Archaeology
- Art Work Geology Chemistry Physics

Other interests or talents: _____

We welcome suggestions for lectures that you would find of interest.
Lecture Subject: _____

Do you know of a speaker you would like to recommend for a program?

Speaker's Name Phone Number Specialty

THANK YOU.

~~~~~Office Use~~~~~

Revised September 2018

Mailing List:

Notified of Election:

Election Date: