

New Member Application

Last Name

First

Address

City

State

ZIP

Email address

Telephone

Date of Birth (for voting rights)

Spouse Name

Date of Birth (for voting rights)

Child Name

Date of Birth (for voting rights)

Child Name

Date of Birth (for voting rights)

Child Name

Date of Birth (for voting rights)

Individual Membership

\$30.00

Family Membership (2 adults, children under 18)

\$40.00

Please send check payable to DANK 4740 N Western Ave Chicago IL 60625