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: ____________________