

Application for DCO Membership

Company Name _____

Type of Applicant: _____ Not For Profit _____ Business _____ Individual

Year Established _____

Sponsor _____

Name of company representative: _____

Title of company representative: _____

Street Address: _____

City: _____ State: _____, Zip _____

Phone: (____)____ - _____

Name, Title: _____

Street Address: _____

City: _____ State: _____, Zip _____

**Please submit check for dues with application and mail to:
Dunedin Council of Organizations
P.O. Box 180
Dunedin, FL 34697-0299**

The General membership will be asked to vote on acceptance of your membership per the by-laws.