

NEW MEMBER

RENEWAL



DATE: \_\_\_\_\_

## Membership Application

*(Please type or print clearly. Use one form per person. Photocopy as needed)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Occupation/Education (optional) \_\_\_\_\_

I completed training in: Atlanta  Savannah  Date: \_\_\_\_\_

I have skills/training/education in:

marine biology  life sciences  computers  advertising  education

writing/publishing  public relations  photography  videography  marketing

law  boat maintenance/repair  other \_\_\_\_\_

Would you willing to share these skills with The Dolphin Project? \_\_\_\_\_

Do you have a boat that you will volunteer for surveys? \_\_\_\_\_ T ype/size \_\_\_\_\_

Maximum passengers: \_\_\_\_\_ Location \_\_\_\_\_

How did you first hear about The Dolphin Project? \_\_\_\_\_

### Membership Options

Lifetime \$250 *(one time amount)*

Family \$50 *(Annual amount)*

Individual \$30 *(Annual amount)*

Student \$20 *(Annual amount)*

Survey Skipper – donating use of personal vessel during current year – FREE

### Payments

Annual dues \$ \_\_\_\_\_

Additional contribution \$ \_\_\_\_\_

Adopt A Dolphin \$ \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Cash  Check# \_\_\_\_\_

Mail to: **THE DOLPHIN PROJECT- Membership, P. O. Box 60753, Savannah, Georgia 31420**

*The Dolphin Project is a tax-exempt organization under section (c)(3) of the US Tax Code.  
Include our tax number, 58-191476 on your check as a record of your tax deductible contribution.*