



# DOCOF Annual Membership Renewal



Name of Club/Organization: \_\_\_\_\_

Name of Club's/Organization's Delegate: \_\_\_\_\_

Delegate's Email: \_\_\_\_\_

Delegate's Phone: \_\_\_\_\_

Alternate Delegate's Name: \_\_\_\_\_

Alt. Delegate's Email: \_\_\_\_\_

Alt. Delegate's Phone: \_\_\_\_\_

Amount paid:

\_\_\_\_\_ (\$75 if paid by Sept. 30<sup>th</sup>)                      Check #: \_\_\_\_\_

\_\_\_\_\_ (\$80 if paid between Oct. 1-April1)                      Check #: \_\_\_\_\_

Club/Team Treasurer's Name: \_\_\_\_\_

Club/Team Treasurer's Email: \_\_\_\_\_

Club/Team Treasurer's Phone: \_\_\_\_\_

**Please make check payable to DOCOF.**

Mail to: Loni Coleman, Treasurer  
1425 Dexter Dr.  
Clearwater, FL 33756

**NOTE:** By-Laws Article II, Section I, Membership

(c) Dues shall be payable on or before September 30th of each calendar year and become delinquent on April 2nd. of the following year.

(d) Dues shall be \$75 if paid on or before September 30th for the following calendar year. Dues paid between October 1st, and April 1st. shall be \$80. Any Club that has not paid dues by April 2nd. Shall be considered delinquent and their membership will be considered lapsed. Refer to Article II for reinstatement.