



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. 30th)

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: Jeanette Rogers, Treasurer
4391 Berkshire Rd.
Saint James City, FL
33956

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.