



Membership Application for the Dunedin Council of Organizations

Type of Member **Individual \$15** ____ **Not-for-Profit Organization \$20** ____ **Business \$55** ____

Company/Not-for-Profit/Individual Name _____

Name of company representative _____

Title of company representative _____

Street address _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Personal Phone (____) _____

Email Address _____

Business Website _____

Optional: Second individual to receive email notice (Business or Not-for-Profit Organizations Only)

Name _____

Title _____

Email Address _____

Check Yes or No to include your information in the public access membership directory found on our website www.dunedincouncil.org:

	Yes	No
Individual Name		
Company / Organization Name		
Address, City, ST Zip code		
Business Phone Number		
Personal Phone Number		
Primary Email Address		
Business Website		

Please help us reduce our carbon footprint by opting out of printed & mailed meeting notices. I would like to receive meeting notices by email only _____ email and US Mail _____

There are now 2 ways to pay.

1) Pay online at www.dunedincouncil.org and bring this form to the next meeting or email it to membership@dunedincouncil.org

2) Submit your check along with this Renewal Form at a meeting or mail them to:

Dunedin Council of Organizations, P.O. Box 180, Dunedin, FL 34697-0180