

# The Delaware Council of Activity Professionals Membership Registration Form

Please complete and return this application with a check for 2010 dues.

Full Membership \$40

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

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

Cut Here-----

Make Checks payable to DCAP  
Mail to C/O Diane Altevogt, ADC  
14 Donegal Ct.  
Newark, DE 19711