

Individual / Family Membership Enrollment

You can also enroll online at www.delmarvablood.org/join.html

\$5 dues enclosed (Place your check for \$5 and this card in an envelope and mail – see address on reverse side).

Please bill me (Seal and drop this postage-paid card into the mail).

Would you like to receive information on the Blood Bank's LifeSaver Club and other Special Programs? Yes No

Please Print

Name _____
Last First Middle (Maiden)

Address _____
Street / Apt. Number City State Zip

Date of Birth _____ / _____ / _____ Male Female E-mail _____
mm/dd/yyyy

Home Phone _____ Business Phone _____ Cell Phone _____

Employer _____

Spouse's Name _____ Spouse's Date of Birth _____
Last First Middle

I understand all new members agree to take a turn providing blood shortly after joining. I also understand that I will not be called again until all other members have been called (approximately once every 12 months).

Benefits begin 30 days after your enrollment form is received.

Signature Date