



Delmarva Community Managers Association

## DCMA FULL MEMBER APPLICATION

**DATE** \_\_\_\_\_

New memberships are first voted on by the currently elected DCMA Board of Directors. Once accepted, the application is taken to a vote at a following DCMA Regular Membership Meeting to be voted on by the Full/Management Members with voting rights in attendance. Applicants will be invited to said meeting to introduce themselves. Once approved, applicants will receive a DCMA Welcome Letter with more information about the organization and upcoming meetings as well as payment information.

Business/Association Name: \_\_\_\_\_

Company Contact's Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Company Web Address: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Other Current Local Organization Memberships: \_\_\_\_\_

\_\_\_\_\_

Special Skills, Certificates or Credentials: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in serving on a DCMA Committee? \_\_\_\_\_