

**Application for Membership in the
Delaware Saengerbund & Library Assoc., Inc.**

49 Salem Church Road, Newark DE 19713-2933

Please note that some information requested below is required by the Delaware Alcohol and Beverage Control Commission.

PLEASE PRINT

Applicant _____ Birthdate ____/____/____

Spouse _____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip _____ - _____

Telephone Number: _____ Cell: _____

Email Address: _____

Occupation(s): _____

How did you hear about the DSB? _____

Are you of German heritage? _____

Other Clubs/Memberships you are affiliated with: _____

List any events attended at the DSB? _____

Are you interested in joining any of the following groups?

- | | | | |
|-----------------------------------|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Genealogy | <input type="checkbox"/> DSB Ladies | <input type="checkbox"/> Family Group |
| <input type="checkbox"/> Dancers | <input type="checkbox"/> Language | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Cards/Skat |
| <input type="checkbox"/> Property | <input type="checkbox"/> Soccer | <input type="checkbox"/> Oktoberfest | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Garden | <input type="checkbox"/> Culture | <input type="checkbox"/> Brass Band |

Please tell us briefly why you would like to become a DSB member

Applying for: Status: () Active (You must provide proof of German heritage to member induction presentation)
() Supporting

Type: () Single or () Family

- Two Referral Forms from Active DSB members must accompany this application. The two sponsors must not be immediately related to each other.
- Club Members are expected to participate in club functions including the Oktoberfest.
- Active members are required to attend 4 General Meetings per calendar year to maintain active status. **We ask active new members to attend 1 meeting within the 90-day probationary period to maintain their active status.**
- The applicant(s) attests that all information in the above membership application is correct.
- The applicant(s) will abide by the DSB Bylaws and any/all amendments.

Signature of applicant: _____ Date: _____

Signature of spouse: _____ Date: _____

Do not write in this space

Status: () Active or () Supporting German ancestry () Yes () No

Type: () Single or () Family

Amount paid: Application fee \$ _____ Membership Dues \$ _____

Applicant interviewed by the committee on: ____/____/____

Permanent cards to be sent ____/____/____

_____(Membership Secretary)

**Sponsor/Referral of Candidate(s) for Membership Consideration in the
Delaware Saengerbund & Library Assoc., Inc.**

49 Salem Church Road, Newark DE 19713-2933

Name: _____

Telephone Number: _____

How long have you been a DSB member? _____

Candidate(s) you are referring for Membership Consideration:

How long have you known the candidate(s): _____

Are you related to the candidate(s): _____

If yes, in what capacity? _____

Please specify why you believe this candidate(s) would contribute to the success of the DSB.

The above applicant for membership, being of good character and personally known to me, is recommended for membership consideration.

Signature: _____

Date: _____

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