



DAVIS DYNAMOS  
MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ email Address \_\_\_\_\_

Membership (annual): Individual \_\_\_\_\_ (\$8), Senior \_\_\_\_\_ (\$6), Family \_\_\_\_\_ (\$14)

List family members, if applicable \_\_\_\_\_

When complete, please mail to:

attn: Membership, Davis Dynamos  
646 A Street  
Davis, CA 95616