

Abby L. Demars  
 Executive Director  
 33 Gallows Lane  
 New London, CT 06320  
 Phone (860) 442-0391  
 Fax (860) 442-5008  
[www.dnaepicenter.org](http://www.dnaepicenter.org)  
[ademars@dnaepicenter.org](mailto:ademars@dnaepicenter.org)



**Membership Application**

PLEASE PRINT CLEARLY

Mr./Dr.	First Name	Last Name	Employer
Address			Email Address _____@_____
City	State	Zip Code	Phone: (____) _____ - _____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>

Mrs./Ms./Dr.	First Name	Last Name	Employer
Address (If different from above)			Email Address _____@_____
City	State	Zip Code	Phone: (____) _____ - _____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>

**Type of Membership**

- Family / Double** .....\$60 \$ \_\_\_\_\_  
 Full membership benefits for two adults or for two parents & their children
- Individual** .....\$40 \$ \_\_\_\_\_  
 Full membership benefits for one individual
- Senior Family** .....\$50 \$ \_\_\_\_\_  
 Full membership benefits for two seniors over the age of 55 or for two grandparents & their grandchildren
- Senior Individual** .....\$30 \$ \_\_\_\_\_  
 Full membership benefits for one adult over the age of 55

Enclosed is my check made payable to the DNA EpiCenter in the amount of ..... \$ \_\_\_\_\_

**OFFICE USE ONLY**

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_\_\_  
 Check Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_