



Membership Application

Mail this form and a check payable to Lewes in Bloom for your membership level to:

Lewes in Bloom
P.O. Box 308
Lewes, DE 19958

| | | |
|-------|--------------------------------|-------|
| _____ | Individual Membership | \$25 |
| _____ | Family Membership | \$40 |
| _____ | Individual Lifetime Membership | \$500 |
| _____ | Family Lifetime Membership | \$750 |

Individual and Family Memberships are for a calendar year.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Telephone: _____

For Family Memberships:

Name of Spouse or Partner: _____

Email of Spouse or Partner: _____

Telephone of Spouse or Partner: _____

_____ (Yes /No) Do you want to have your name, email and telephone number listed in the LIB Member Directory