



Decatur Morgan County Minority Development Association

Membership Form

Date: _____

Name: _____

Address: _____

Phone # _____ **Email:** _____

Employer/ Profession: _____

Occupation: _____

Please select from below your level of interest in the Decatur Morgan County Minority Development Association.

- I am interested in becoming a membership with DMDA (membership \$25 per month)
- I am available / am not available to attend monthly meeting. (4th Tuesday of each month at Noon)
- I would like more information about DMDA.
- I would like to become an associate and supporter of DMDA by:

I have an interest or have experience in the following areas:

- Education Event Planning Employment Services
- Media Relations Political Granting Writing
- Fund Raising Scholarships Membership
- Youth Development Business Development

Other: _____



P.O Box 5018, Decatur AL 35602

Phone: 256-303-8848



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