

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

49 Salem Church Road, Newark DE 19713-2933

The objectives of the Organization as stated in the Constitution are:

- 1) to encourage, support and perpetuate the study and use of the German language, culture, traditions and customs and German choral singing.
- 2) to share traditional sociability among the German community and extend it to the community at large.
- 3) to foster better understanding of the contributions made by the German immigrants to the American way of life; and
- 4) to promote good citizenship.

Q. Who can become a member of the DSB?

A. We are looking for members of the community who are interested in supporting and perpetuating the study and use of the German language, culture, traditions and customs and sharing in the traditional sociability among the German community and extending it to the community at large.

Q. How does one apply?

A. All new applicants for membership must be sponsored by two non-related Active members in good standing who have been members for at least one year.

Q. What kind of membership is there?

A. There are two kinds of membership . . . **ACTIVE** and **SUPPORTING**.

ACTIVE members are those members with proof of German descent. Only ACTIVE members may vote on organizational affairs, elect officers, hold office, and sponsor new members. Active members must attend four (4) general membership meetings in a calendar year. Failure to attend four (4) meetings will result in reclassification to Supporting Membership.

SUPPORTING members are those members who do not qualify, or who elect not to be registered as an ACTIVE member. SUPPORTING members may not vote, hold office, or sponsor new members.

ALL MEMBERS have full use of all club facilities and may attend any and all club functions.

Q. What are the costs involved in joining the DSB?

A. The costs are a \$35 application fee plus \$50 per year for families or \$35 per year for single memberships. All fees are due at the Membership Induction Meeting. Once you reach the age of 65, dues are reduced to \$15 single and \$20 family.

Q. What do I do now that I have everything ready and want to join?

A. Have your sponsors review your application and complete a Sponsor application form. Forward your completed application to:

Membership Secretary, 49 Salem Church Road, Newark DE 19713.

You will be notified when your application has been reviewed and approved, or if additional information is needed.

If you are applying for Active Membership, please include your proof of German descent documentation (copies accepted) with your application -Or- contact the Membership Secretary to arrange delivery.

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 Code _____

Applicant phone # _____ Spouse phone # _____

Email Address: _____

2nd 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?

Singers Genealogy DSB Ladies Gun/Schutzenverein

Dancers Language Entertainment Cards/Skat

Property Soccer Brass Band Hiking

Crafts Garden Culture

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

Applying for: Status:

() Active (Must provide proof of German Heritage with this Application)
() Supporting

Type: () Single
() Family

List any children under the age of 21, include their name and date of birth:

- Two Sponsor/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 By-laws and any/all amendments.

Signature of applicant: _____ Date: _____

Signature of spouse: _____ Date: _____

DO NOT WRITE IN THIS SPACE

Application received / / Committee reviewed / /
Letter sent to join / / Induction meeting date / /
Attended induction meeting: () Yes () No If no, rescheduled to / /

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

Type: () Single () Family OR () Single over 65 () Family over 65

Amount paid: Application fee \$35 Membership Dues \$ _____ Total Paid
\$ _____

Membership card(s) issued: () Yes () No Key card(s) issued: () Yes () No

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: _____

Email: _____

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 application for membership, being of good character and personally
known to me, is recommended for membership consideration. I understand that I
can sponsor no more than two new Applicants per calendar year.

Signature: _____

Date: _____

Sponsor/Referral of Candidate(s) for Membership Consideration in the
Delaware Saengerbund & Library Assoc., Inc.
49 Salem Church Road, Newark DE 19713-2933

Name: _____

Email: _____

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 application for membership, being of good character and personally
known to me, is recommended for membership consideration. I understand that I
can sponsor no more than two new Applicants per calendar year.

Signature: _____

Date: _____
