



MEMBERSHIP APPLICATION FORM

Please sign and return the membership application along with the \$25 Membership payment by check or cash.

I hereby apply for membership to the Epicurean Ocean Club located at Adelene in accordance with the protocols and procedures. ___ ___

initials

I am applying for membership for the 2024 season which is valid Friday, May 24 through Saturday, August 31, 2024, serving dinner on **Friday and Saturday nights**.

Is this a Renewal Membership or First Time Membership

Date _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature _____

Please make checks payable to: Epicurean Ocean Club
Completed application can be emailed to eoc@oceancityeoc.com
or mailed to Epicurean Ocean Club, 1510 Boardwalk, Ocean City, NJ 08226

Questions? Please call (609) 323-1499 or email us at eoc@oceancityeoc.com