**2016-2017 Membership Form (all field required)**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCA-DC Membership Dues Categories (select one):

☐$10 Youth/Student (up to full-time undergraduate)

☐$20 Senior Citizens (65 years and older)

☐$40 Individual (one year)

☐$70 Individual (two years)

☐$140 Individual (five years)

☐$1000 Individual Lifetime

☐$50 Family (one year, 2 adults and up to 2 children under 18 years old)

☐$90 Family (2 years, 2 adults and up to 2 children under 18 years old)

☐$180 Family (5 years, 2 adults and up to 2 children under 18 years old)

☐$1500 Family Lifetime (2 adults and up to 2 children who age out after 18)

Please make your check payable to OCA-DC and return this form to:

*OCA-DC  
Attn: Membership  
P.O. Box 10433  
Rockville, MD 20850*

*Please email Lin Krause, VP of Membership, at membership@ocadc.org if you have any questions.  
Thank you for joining OCA-DC or renewing your membership!  
Visit our website http://www.ocadc.org*