MEMBERSHIP APPLICATION

After DCV receives your application, you will be contacted for an interview with our Executive Director. Your membership will not be effective until after the interview.

GENERAL INFORMATION

Salutation: ____ Ms. ____ Mrs. ____ Mr. Other _____

First Name _____ Middle Name/Initial _____

Last Name _____

Gender: ___ Female ____ Male ____ Non-Binary/Other

Race/Ethnicity: _____ (African American/Black/Asian/Hispanic/Latino/White/Native

American/Pacific Islander Prefer not to specify_____

Date of Birth _____month/day/year)

Nickname/Preferred Name _____

CONTACT INFORMATION

Address 1 _____

Address 2 _____

Washington, DC Zip Code _____

Primary Phone (_____)_____

Other Phone (_____)_____

Email Address _____

Preferred Contact Method: ____ Email ____ Phone

SPOUSE/PARTNER INFORMATION (if applicable)

First Name _____ Middle Name/Initial _____

Last Name _____

Gender: ___ Female ____ Male ____ Non-Binary/Other

Date of Birth _____ (month/day/year)

Nickname/Preferred Name _____

Primary Phone (_____)_____

Other Phone (_____)_____

Email Address _____

Preferred Contact Method: ____ Email ____ Phone

EMERGENCY CONTACT INFORMATION (other than your household)

Contact 1 Name _____

Relationship to you _____

Phone (_____)_____ Email Address _____

Contact 2 Name _____

Relationship to you _____

MEMBERSHIP TYPE

_____Individual ($400/year) _____ Household ($700/year)

_____ Individual Open Village ($80/year) _____ Household Open Village ($150/year)

Open Village Memberships are available for annual incomes below $60,000 per year Full Scholarships are available based on need

_____ Individual Under 65 ($200/year) _____ Household Both Under 65 ($350/year)

For Individuals over age 85 and Households with both members over age 85, dues are zero ($0), except new members over age 85 must pay dues for three years before dues are zero.

PAYMENT OPTIONS (Payment will be due after your interview)

_____ Annual credit card preauthorized _____ Twice yearly credit card preauthorized

_____ Annual billing _____ Twice yearly billing (payable by check or credit card)

_____ Monthly credit card preauthorized

Type of credit card: _____Visa _____MasterCard _____Discover

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____/_____ Security Code _____

I authorize a charge to my credit card for the payment of the DCV membership fee.

OTHER

_____ I would like more information about volunteering for DCV

_____ I would like more information about DCV Committee opportunities

RETURN this application to: Dupont Circle Village, 2121 Decatur Place, NW, Washington, DC 20008