



# DUPONT CIRCLE

*Village*

## Shattering the Stereotype

### 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 (\$500/year) \_\_\_\_\_ Household (\$875/year)

\_\_\_\_\_ Individual Open Village (\$100/year) \_\_\_\_\_ Household Open Village (\$200/year)

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

**Under 65 years old**

\_\_\_\_\_ Individual Under 65 (\$250/year) \_\_\_\_\_ Household Both Under 65 (\$440/year)

**Associate Membership (People who reside outside of the DCV area and are not eligible for services)**

\_\_\_\_\_ Individual (\$200/year) \_\_\_\_\_ Household (\$320/year)

**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**