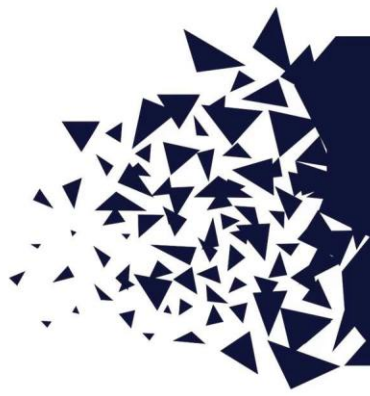




DUPONT CIRCLE

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 Under 65 (\$250/year) ____Household Both Under 65 (\$440/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*

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