
# 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**