



ORGANIZATION OF CHINESE AMERICANS, INC.

EMBRACING THE HOPES AND ASPIRATIONS OF ASIAN PACIFIC AMERICANS

OCA-DC Membership Application

___ New Member

___ Renewal

Name: _____

Family Member's Name (if family membership): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (w) _____ (h)

Email: _____ (primary means of communication for events and announcements)

Annual Fee Schedule

Individual Membership:	\$40	President's Club	\$250
Family Membership:	\$55	Capital Club	\$100
Senior Citizen:	\$15		
Student:	\$15		
Voluntary Contributions:	\$ _____		
Total:	\$ _____		

I am interested in volunteering for the following areas:

- ___ Newsletter/web ___ Programs ___ Media, Marketing, Communication
 ___ Membership ___ Advocacy & Public Issues ___ Community Services
 ___ Education/Cultural Affairs ___ Annual Gala ___ Research on APA issues

Please make check payable to OCA-DC and mail the application to:

OCA-DC, P.O. Box 10433, Rockville, MD 20850

For questions, please email president@ocadc.org Thank you for joining OCA-DC or renewing your membership!