

Membership Application Form

Please print Legibly

Last Name _____ First Name _____ MI _____

Spouse/Partner Name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone: Home: _____ Work: _____ Cell: _____

E-Mail _____

Employer/Business Affiliation _____ Occupation _____

SIGNATURE: _____ DATE: _____

OCA Membership Dues Categories:

- \$15 Youth/Student: Up to full-time undergraduate (Per Person)
- \$25 Senior Citizen: 65 years and older (Per Person)
 - 2 years = \$35
 - 5 years = \$60
- \$40 Individual
 - 2 years = \$70
 - 5 years = \$140
- \$60 Family: 2 adults + 2 children under 18
 - 2 years = \$90
 - 5 years = \$180
- \$1000 Individual Lifetime
- \$1500 Family Lifetime: (2 adults + 2 children who age out after 18)

Note: OCA is a 501(c)(3) non-profit organization, your contribution is tax deductible to the fullest extent permitted by law.

Please send completed form and check (made payable to "OCA-DFW") to:
 Organization of Chinese Americans (OCA-DFW Chapter)
 1031 Caprock Ln, Carrollton, Texas, 75010

E-mail: membership@ocadfw.org

Website: www.ocadfw.org

=====For Office Use Only=====

Current Date _____ Membership Status: New Member _____ Renewal _____

Payment: Amount \$ _____ by Cash or Check # _____