



DUPONT CIRCLE VILLAGE
 SHATTERING THE STEREOTYPE
 ADAMS MORGAN • DUPONT CIRCLE • KALORAMA

MEMBERSHIP APPLICATION

Dupont Circle Village
 2121 Decatur Place, NW
 Washington, DC 20008
 202.436.5252

Dupont Circle Village is a vibrant non-profit organization of neighbors, volunteers, and community partners who share a common philosophy of healthy aging in the community. There are two categories of membership. **Village Membership** reinforces healthy lifestyle practices through social, cultural, educational, health and wellness programming and provides access to volunteer services. Members agree to pay a non-refundable annual membership fee. To become a member, please fill out this application and submit with your payment.

Join Dupont Circle Village Today!

Today's Date:											
First Name :		MI:		Last:							
Preferred Nickname (if applicable):											
Email:											
Home Phone:					Cell Phone:						
Work Phone:											
Birthdate:	Month			Day		Year	19				
Gender:	Male			Female							
Marital Status:	Single		Married		Partnered		Divorced		Widowed		
Employment Status:	Employed Full-time		Employed Part-time		Retired			Not Employed			
Occupation:											
I prefer to be contacted by:	Email		Home Phone		Cell Phone		Work Phone		Mail		
Additional Household Member: <i>(spouse, partner, family member)</i>											
First Name :		MI:		Last:							
Preferred Nickname (if applicable):											

Relationship to First Person:												
Email:												
Home Phone:						Cell Phone:						
Work Phone:												
Birthdate:	Month				Day			Year	19			
Gender:	Male				Female							
Marital Status:	Single		Married		Partnered		Divorced		Widowed			
Employment Status:	Employed Full-time		Employed Part-time		Retired			Not Employed				
Occupation:												
Contact Preference	Email			Home Phone			Cell Phone			Work Phone		

Main Address:												
City:						State:			Zip:			
How many years have you lived in the Dupont Circle area?												
If you have an alternate address, phone, etc., please indicate below:												
Alternate Address:												
City:						State:			Zip:			
Alternate Phone:						Type (e.g. Home, Cell)						
Please indicate when and/or for whom this alternate contact information applies:												
How did you hear about Dupont Circle Village? (<i>friend, neighbor, Info Dinner, media, etc.</i>)												
Emergency Contact 1:												
Relationship? <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other												
First Name :				MI:			Last:					
Primary Phone:							Email:					
Emergency Contact 2:												
Relationship? <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other												
First Name :				MI:			Last:					
Primary Phone:							Email:					

Please check an annual membership option:

	Individual Membership: \$500 (includes volunteer services)
	Household Membership: \$700 (includes volunteer services)
	Individual Sustaining Membership: \$500 (excludes receiving volunteer services)
	Household Sustaining Membership: \$700 (excludes receiving volunteer services)
	Individual Open Village Membership (Income \$40,000 or less): \$100* (includes volunteer services)
	Household Open Village Membership (Income \$50,000 or less): \$150* (includes volunteer services)
	Individual Associate Membership: \$200 (current individual member moving outside of DCV boundaries with no volunteer services)
	Household Associate Membership: \$250 (current household members moving outside of DCV boundaries with no volunteer services)

***Open Village Membership:** If your adjusted gross income is \$40,000 or below for an individual or \$50,000 or below for a combined household of two or more persons, you may qualify for financial assistance to become a member of Dupont Circle Village. Please check the appropriate line above (Individual Open Village Membership or Household Open Village Membership). If you check one of these categories, do not send a payment at this time. Please submit your application, with a copy of the first page of your most recent federal tax return (Form 1040), addressed to Eva Lucero, Executive Director; and mark the envelope "CONFIDENTIAL." After confirming your membership category, Eva will contact you regarding payment. Please be assured that only the Executive Director will see your tax information and will shred it as soon as the information needed is confirmed.

Please check as appropriate:

	I wish to make an additional donation to Dupont Circle Village (<i>enter amount</i>)	\$
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Contributions are tax-deductible. Consult your tax advisor about taxability of membership dues.

I wish to pay:

	One Annual Payment
	Two Semi-annual Payments
	Monthly Automatic Payment (credit card)

I wish to pay by:

	Check: payable to <i>Dupont Circle Village</i>
	Credit card: VISA, MasterCard or Discover
	Monthly Automatic Charge to Credit Card

If paying by credit card, please provide the following:

Credit Card Name/Number:			
Expiration Date:	/	Security Code:	
Name on Card:			

I authorize a deduction from my credit card for the payment of DCV membership fee.

Signature

Date

Mail application and payment to:

Dupont Circle Village
Membership Coordinator
2121 Decatur Place, NW
Washington, DC 20008

If you know someone who might like to join the Village, we will send an information packet:

Full Name:					
Address:					
City:		State:		Zip:	
Email:					
Home Phone:		Cell Phone:			

Other:

	I would like to learn more about volunteer opportunities with Dupont Circle Village.				
	I would like to learn more about DCV Board and Committee opportunities.				
You will be listed in the DCV Membership Directory. This membership directory helps members stay connected. It is shared with members only and is not used for commercial purposes. If you do NOT want to be listed in the Directory, please check this box: <input type="checkbox"/>					
I have limitations in the following areas: <i>(please check)</i>		Sight		Hearing	Mobility

<i>For DCV Official Use Only</i>	
Amount Paid: _____	Date Paid: _____
Method of Payment (circle): charge / Check # _____ / Bank Debit	
Accommodations: _____	
Board/Committees: _____	