



www.oca-georgia.org

MEMBERSHIP APPLICATION

NAME: _____ OCCUPATION: _____

SPOUSE NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME # _____ WORK # _____

CELL # _____ EMAIL # _____

COMPANY NAME: _____

MEMBER OF AFFILIATION (if any): _____

VOLUNTEER ACTIVITIES: Please indicate which area of activities you may be interested in volunteering in future OCA events.

- Checkboxes for CAREER FAIR, FUNDRAISING, PICNIC, CULTURAL EVENTS, COMMUNITY SERVICES, NEWSLETTER, and HOLIDAY EVENTS (exp. HOLIDAY BALL, LUNAR NEW YEAR).

Please send completed form and check payable to OCA-GEORGIA to: P.O. Box 767278, Roswell, GA 30076-9998

Membership for year(s) _____ [] New [] Renewal Payment: [] Cash [] Check# _____

[] Individual (\$40/yr) [] Individual (\$70 for 2 years) [] Individual (\$140 for 5 years)

[] Family (\$50/yr) [] Family (\$90 for 2 years) [] Family (\$180 for 5 years)

[] Senior (65+) (\$20/yr) [] Senior (\$30 for 2 years) [] Senior (\$60 for 5 years)

[] Youth Student (\$10/yr)

[] Individual Lifetime (\$1,000) [] Family Lifetime (\$1,500) (2 adults + 2 children < 18 yrs)

To be completed by OCA officer:

Membership Officer Signature: _____ Date: _____

