



# DUPONT CIRCLE VILLAGE

## SHATTERING THE STEREOTYPE

ADAMS MORGAN • DUPONT CIRCLE • KALORAMA

## 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

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 \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

**MEMBERSHIP TYPE**

\_\_\_\_\_ Individual (\$400/year) \_\_\_\_\_ Household (\$700/year)

\_\_\_\_\_ Individual Open Village (\$80/year) \_\_\_\_\_ Household Open Village (\$150/year)

*Open Village Memberships are available for annual incomes below \$60,000 per year**Full Scholarships are available based on need*

\_\_\_\_\_ Individual Under 65 (\$200/year) \_\_\_\_\_ Household Both Under 65 (\$350/year)

For Individuals over age 85 and Households with both members over age 85, dues are zero (\$0), except new members over age 85 must pay dues for three years before dues are zero.

**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**