

DELAWARE VALLEY ORIENTEERING ASSOCIATION (DVOA) Membership Form

http://www.dvoa.org

Date _____ New member ___ Renewal ___ Payment via Check ___ or Cash ___
Name for Mailing Label: _____ Check here if your mailing address has changed ___
Street Address _____
County: _____
City: _____ State: _____ Zip Code: _____
Your Phone No. (____) _____ Sex ___ YearBorn _____
Your Email Address: _____ Check here if this is a new email address ___
Primary O Club: _____ OrienteeringUSA Member: Yes ___ No ___
Other O Club Affiliations: _____
Scout/Youth Group Information: _____
OUSA Member # _____

FAMILY INFORMATION:

Name _____ Yr Born ___ Gender ___ Email _____
Name _____ Yr Born ___ Gender ___ Email _____
Name _____ Yr Born ___ Gender ___ Email _____
Name _____ Yr Born ___ Gender ___ Email _____
Name _____ Yr Born ___ Gender ___ Email _____

Your Occupation: _____
Your Hobbies: _____
Spouse Occupation: _____
Spouse Hobbies: _____

MEMBERSHIP RATES:	<u>INDIVIDUAL PAYS</u>	<u>FAMILY OR GROUP PAYS</u>	<u>EXPIRATION</u>
From Jan 1 to June 30	\$20	\$30	For current year, expires Dec 31
From July 1 to Nov 15	\$30	\$45	For current year and all of next.
From Nov 16 to Dec 31	\$20	\$30	For rest of this year and all of next.

MEMBERSHIP \$ _____ + CONTRIBUTION \$ _____ = TOTAL ENCLOSED \$ _____

Contributions may be made to the junior funds, map funds or the general funds for DVOA.
If you do not want your mailing address released to possible orienteering sponsors, check here (___) Phone numbers are not released to sponsors. Phone numbers are only used by event directors/administrators of DVOA.
What newspapers do you subscribe to?

Please make checks payable to: **DVOA**
Mail to:
Mary Frank
14 Lake Drive
Spring City, PA 19475