

OVCA Membership Application

Membership:

<input type="checkbox"/>	New	<input type="checkbox"/>	Single - \$30/year
<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Family - \$50/year

Send newsletter via: ☐ USPS Mail or ☐ Email ☐ I reside in or own property in the Ka'u District:
☐ Business Advertising ☐ OVCA Member \$75/year ☐ Non-member \$125/year
☐ Donation (tax-deductible): \$ _____

NAME(s): _____

EMAIL(s): _____

MAILING ADDRESS: _____

CITY / STATE / ZIP CODE: _____

TELEPHONE: (Please include area code) _____ - _____ - _____

Please DO NOT SEND CASH. Make checks payable to OVCA and send completed application to:
OVCA, PO BOX 6016, Ocean View, HI 96737-6016 or ovcahawaii@gmail.com

FOR STAFF USE ONLY - Please do not write below the double line

Initials of person taking application: _____ Date: _____ Amount \$ _____

Cash: \$_____ Check/Money Order # _____ PayPal / Credit Card: \$_____

Donation \$ _____ Advertising \$ _____ Thanks sent on _____ Initials _____

Database entry date _____ Initials _____ Email / Mail entry date _____ Initials _____