



Occoquan River Communities

APPLICATION FOR MEMBERSHIP

Business/Individual/Family Name _____

Contact Name _____ Title _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Business Phone _____ Fax _____

E-mail _____ Website _____

Referred by _____

For business members, please indicate type of business (check one):

___ arts & entertainment ___ shopping & dining ___ activities & sports

___ professional services ___ real estate ___ manufacturing

___ government ___ association/non-profit

___ other (specify) _____

Membership Category (check one)

___ Friend of ORC (Individual) - \$25

___ Friend of ORC (Family)* - \$40
*up to 6 members of same household

___ Commander - \$99

___ Captain - \$365

___ Admiral - \$1,000

Signature _____

Print Name _____ Date _____

Please enclose your check, made payable to OCCOQUAN RIVER COMMUNITIES

Occoquan River Communities, Inc
PO Box 559, Occoquan, VA 22125
703-490-8055 ● membership@occoquanrivercommunities.org