



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