



Membership Application/Renewal

We appreciate your decision to join or renew your membership. You may also complete the process online at www.ocaahs.org. Simply select "Become A Member Now" at the top of the homepage.

Name _____

Organization (optional) _____

Address _____

Street _____

City _____ State _____ Zip _____

Email if you wish to receive messages from OCAAHS _____

Phone (optional) _____

Membership dues are applied to the current calendar year, January through December, unless otherwise indicated below. If you are joining and/or making an additional donation, please select the appropriate level(s). Please make check payable to **OCAAHS** and mail with this form to OCAAHS, 111 Caroline Street, Orange, VA 22960.

Membership Type ___ New ___ Renewal For calendar year 20___

Membership Category

___ Individual Membership \$15

___ Family \$30

Additional Donation

___ Sponsor (\$100 and above)

___ Donation (under \$100) \$ _____

___ Please check here if you are interested in getting involved in our organization. Assistance with our various committees and programs is appreciated and much needed.