



Please indicate your annual membership type below:

- Citizen \$10
- Non-profit organization \$50
- Corporation \$75
- Donor Enter Amount _____

Race/Ethnicity:

- Caucasian
- African American
- Hispanic
- Asian
- Other

Education:

- High School/GED
- Some college

Gender:

- M F
- College grad
- Post grad

Membership Application

Date ____ / ____ / ____

Name

First Name Middle Name or Initial Last Name Informal Name

Organization

Contact

Address

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Contact Information

Email _____ Secondary Email _____

Business Phone _____ Fax _____

Home Phone _____ Mobile _____

Would you like to?

- Provide a link on your website to DCA's website
- Promote your affiliation with DCA in your newsletter or other publication

Thematic Interests:

- Vulnerable children and families
- Non-profit strengthening and capacity building
- Economic revitalization
- Race relations, diversity, multi-culturalism
- Regional/Resource enhancement

Specific Skills:

- Organizing
- Meeting Facilitation
- Coaching
- Grant-writing
- Research
- Youth Activities
- Art/Music
- Finance/Budgeting
- Organizational Development
- Community Outreach
- Surveys
- Other _____